

<b>Case Number:</b>	CM13-0037026		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/09/2011
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 44-year-old male who reported an injury on 08/09/2011 after a fall, causing injury to the low back. The patient was treated conservatively without significant benefit. The patient's most recent clinical examination findings included antalgic gait, a positive straight leg raising test resulting in pain, and a "twinge" down the right side of the patient's body with extension and flexion of the lumbar spine. The patient's diagnoses included lumbar facet syndrome, lumbar discogenic pain, thoracic myelopathy, chronic pain syndrome, lumbar strain or sprain, and lumbosacral radiculopathy. The patient's treatment plan included chiropractic care, medications, psychiatric support, and an epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Two sessions of lumbar epidural steroid injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Section Page(s): 46.

**Decision rationale:** The requested 2 sessions of lumbar epidural steroid injections is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends epidural steroid injections when there is documentation of radiculopathy with physical findings supported by an imaging study that are nonresponsive to active therapy. The clinical documentation submitted for review does not provide any evidence that the patient has radicular pain. Additionally, there was no documentation of an MRI to support nerve root involvement. The California Medical Treatment Utilization Schedule also recommends repeat injections be based on significant pain relief and documentation of functional benefit. Therefore, 2 lumbar epidural steroid injections would not be supported without documentation of an initial injection and supportive findings. Additionally, the requested epidural steroid injection does not specifically identify at what level it is being requested. As such, the requested 2 sessions of lumbar epidural steroid injections are not medically necessary or appropriate