

<b>Case Number:</b>	CM13-0037198		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/16/1998
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 New York 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 79-year-old male who reported injury on 03/16/1998. The mechanism of injury was noted to be the patient was taking a transmission apart and pulling on the back half when it popped off and hurt the patient's back. The patient had an epidural steroid injection which was noted to help the patient's pain in his back and legs a year prior to the examination on 04/09/2013. Per the documentation of 08/07/2013, it was revealed that the patient saw a spine surgeon in 2012 and was recommended because of the patient's age and because of the success of the medication, that the patient have epidural steroid injections once a year because of right leg pain. The patient's diagnoses were noted to include post-traumatic spondylosis, and spondylolisthesis of L4-5 and L5-S1 status post-surgery in 1990 with decompression. The request was made for a lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

**Decision rationale:** California MTUS Guidelines indicate that a repeat steroid epidural injection is appropriate when there is documentation of objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. Clinical documentation submitted for review indicated the patient had a prior epidural steroid injection. However, there was lack of documentation indicating the patient had objective documented pain and functional improvement including at least 50% pain relief with an associated reduction in the medication. Additionally, there was lack of documentation indicating an objective physical examination to support that the patient had radiculopathy. The request as submitted failed to indicate the laterality as well as the level of injection being requested. Given the above, the request for lumbar epidural steroid injection is not medically necessary.