

<b>Case Number:</b>	CM13-0041056		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	01/30/2003
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 52-year-old male who reported an injury on 01/30/2003. The mechanism of injury was not specifically stated. The patient is diagnosed with chronic mechanical axial back pain with bilateral radicular pain, bilateral hip, leg, and calf disease, history of cardiac ablation, and chronic pain syndrome. The patient was seen by [REDACTED] on 11/04/2013. The physical examination revealed loss of lumbar lordosis, muscle spasm, tenderness to palpation, restricted range of motion, intact sensation, and diminished reflexes. The treatment recommendations included evaluation of treatment with a pain management specialist for consideration of precision injections, facet blocks, and selective nerve root blocks.

### 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 CA MTUS Chronic Pain Guidelines..

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

**Decision rationale:** The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other

rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, the patient did not demonstrate signs or symptoms of radiculopathy upon physical examination. There were no imaging studies provided for review. The patient has undergone a subsequent electrodiagnostic study on 12/18/2013, which indicated no evidence of lumbosacral radiculopathy. The patient has previously undergone several lumbar epidural steroid injections. Documentation of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks following the injection was not provided. There is also no evidence of a recent failure to respond to conservative treatment, including exercises, physical methods, NSAIDs, and muscle relaxants. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.