

<b>Case Number:</b>	CM13-0043743		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	03/21/2008
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurosurgery and is licensed to practice in California. 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 expert 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 49 year old male who sustained an injury to his low back on 03/21/08 due to accumulative trauma. The patient was diagnosed with displacement of intervertebral disc without myelopathy. It is reported that the patient is status post artificial disc replacement at C5-6 and C6-7. There were no recent imaging reports provided for review; however, an MRI of the lumbar spine reportedly revealed a disc bulge at L4-5 and L5-S1. There was no recent physical examination provided for review. There were no physical therapy notes provided for review. Epidural Steroid Injection has been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **L4-5 EPIDURAL STEROID INJECTION:** 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 (ESIs), Page(s): 46.

**Decision rationale:** The CA MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no recent imaging report and no recent physical examination provided for review. The CA MTUS

also states that the patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits that the patient has completed to date or the patient's response to any previous conservative treatment. The previous request was denied on the basis that then the provided medical records, it was unclear whether the patient had undergone an adequate duration of conservative treatment including physical therapy, non-steroidal antiinflammatory drugs, and muscle relaxants. The patient's response to initial conservative measures was not provided within the records. Additionally, the request did not include a request for the use of fluoroscopy to administer the injection. Given the clinical documentation submitted for review, medical necessity of the request for an L4-5 epidural steroid injection has not been established. The request is not medically necessary.