

<b>Case Number:</b>	CM13-0044778		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Anesthesiologist and Pain Medicine 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 42 year old male who reported an injury on 10/05/2009. The mechanism of injury was stated to be lifting heavy boxes. The patient's diagnosis was noted to be lumbar herniation at L4-5 and L5-S1. The clinical documentation submitted was handwritten and difficult to read. The submitted request was for a repeat epidural steroid injection of the lumbar spine at L4-L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Repeat Epidural Steroid Injection of Lumbar Spine at L4-L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Criteria for the use of Epidural steroid injections. Page(s):.

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

**Decision rationale:** The clinical documentation submitted for review failed to meet the above criteria. There was a lack of a legible, objective physical examination to support the request. Given the above and the lack of documentation, the request for repeat epidural steroid injection of lumbar spine at L4-L5-S1 is not medically necessary.