

<b>Case Number:</b>	CM13-0046001		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/28/1992
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Anesthesiology, 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 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 injured worker is a 54-year-old male who reported an injury on 09/28/1992. The mechanism of injury was not provided. Current diagnoses include cervical postlaminectomy syndrome, cervical radiculopathy, lumbar degenerative disc disease, lumbosacral spondylosis, and anxiety. The injured worker was evaluated on 11/15/2013. The injured worker reported neck and lower back pain with radiation to the bilateral upper and lower extremities. Prior conservative treatment includes activity modification, anti-inflammatory medication, muscle relaxants, pain medication, sacroiliac joint injections, and cervical radiofrequency ablation. Physical examination revealed decreased range of motion of the cervical spine, normal gait and station, and medial forearm and hand numbness. Treatment recommendations included a lumbar epidural steroid injection at L4-5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR TRANSFORAMINAL EPIDURAL L3/4, L4/5, AND L5/S1:** Upheld

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

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

**Decision rationale:** 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. There was no evidence of radiculopathy upon physical examination on the requesting date of 11/15/2013. There is also no evidence of a 50% pain relief with an associated reduction of medication use following an initial injection. Furthermore, California MTUS Guidelines state no more than 2 nerve root levels should be injected using transforaminal blocks. Therefore, the current request is not medically appropriate. As such, the request is non-certified.