

<b>Case Number:</b>	CM13-0047220		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/01/1994
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Spine Surgery and is licensed to practice in New York. 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:

For the patient is a 50-year-old with his date of injury is September 1, 1994. MRI of the lumbar spine from September 2013 shows multilevel lumbar surgery with anterior fusion at L5-S1 plus posterior pedicle screw fixation from L4-S1. There is moderate disc degeneration at L1-2 through L4-5. At L1-2 there is moderate lateral recess stenosis. At L2-3 there is moderate lateral recess stenosis. At L3-4 there is lateral recess stenosis. Physical examination does not document motor sensory reflex deficits. No radiculopathy is documented. Patient has been diagnosed with post laminectomy syndrome and lumbar spine. Patient has been recommended for epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ESI L3-4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient is diagnosed as having spinal stenosis above his L4-S1 fusion. The medical records did not contain documentation of recent conservative treatment. There is no

documentation of any recent attempts at physical therapy. There is no documentation of specific radiculopathy. There are no clinical findings of motor sensory reflex deficits documented in the chart to demonstrate radiculopathy. This patient does not meet established criteria for at this time.