

<b>Case Number:</b>	CM13-0047815		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/15/1986
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Anesthesiologist, has a subspecialty in 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:

This is an 81-year-old male patient with a work related injury reported on 05/15/1986 and the mechanism of injury is that the patient slipped and fell at work. An unofficial MRI on 08/08/2011 revealed chronic disc herniation at L4-5 and L5-S1. On office visit and examination on 09/12/2013, the patient presented reporting worsening pain to the back and neck. Patient reported using a lumbar support which helped and also had an epidural steroid injection in 11/2012 which reportedly was most effective. Other therapy included acupuncture but reportedly did not help.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR EPIDURAL STEROID INJECTION L5, S1: Upheld**

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

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

**Decision rationale:** The CA MTUS Guidelines state "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The purpose of ESI is to reduce pain and inflammation, restoring range of motion

and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit." The request for the lumbar epidural steroid injection at L5-S1 is non-certified. The clinical information submitted for review failed to provide evidence of radicular pain on physical exam as well as no diagnostic studies corroborating radiculopathy. Given that there was no clinical evidence indicating corroborated signs of radiculopathy by diagnostic imaging and on physical examination, the request is non-certified.