

<b>Case Number:</b>	CM13-0060063		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/03/2011
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Anesthesiology 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 injured worker is a 54-year-old male who reported injury on 11/03/2011. The mechanism of injury was noted to be the injured worker was lifting the life pack monitor on the medical call and felt a pain in the small back. The injured worker underwent a left L4-5 epidural steroid injection on 09/09/2013. The documentation of 10/23/2013 revealed the injured worker had greater than 50% improvement; however, on the date of examination 10/23/2013, the injured worker indicated that he was 40% improved. The injured worker indicated that since receiving the epidural steroid injection he was taking less medication overall. The straight leg raise was noted to be negative. The motor examination and sensory examination was normal to light touch. However, no pathologic reflexes were evident. The request was made for a repeat epidural steroid injection at left L4-5 and the diagnoses include lumbar spinal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection under fluroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION CRITERIA FOR USE OF EPIDURAL STEROID INJECTIONS..

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

**Decision rationale:** The California MTUS Guidelines recommend repeat epidural steroid injection when there is objective documented pain relief and objective functional improvement which includes at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The clinical documentation submitted for review indicated the injured worker originally had a 50% improvement and on the date of examination 10/23/2013 the injured worker had 40% improvement and was indicating that he/she was taking less medications overall. However, there was lack of documentation indicating the injured worker had an objective reduction of medication use for 6 to 8 weeks. There was a lack of documentation of objective functional improvement. Additionally, the request as submitted failed to indicate the level and the laterality for the requested injection. Given the above, the request for lumbar epidural steroid injection under fluoroscopy is not medically necessary.