

<b>Case Number:</b>	CM13-0060238		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/26/2003
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 60-year-old male who reported an injury on 09/26/2003. The mechanism of injury was not specifically stated. The patient is currently diagnosed with lumbar disc degeneration and post-laminectomy syndrome. The patient was evaluated on 11/12/2013. The patient reported low back pain with radiation to the bilateral lower extremities. Physical examination revealed decreased sensation to light touch over the left lower extremity with decreased strength on the left. Treatment recommendations included continuation of current medication and an additional caudal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) caudal epidural steroid injection (#3 in series of 8): 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 (ESIs) Page(s): 46.

**Decision rationale:** The Chronic Pain Guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. As per the documentation submitted, the patient has been treated with epidural

steroid injections. However, documentation of at least 50% pain relief with an associated reduction of medication use for six to eight (6 to 8) weeks following the injection was not provided. There is no documentation of recent unresponsiveness to conservative treatment. There were no imaging studies or electrodiagnostic reports submitted for review. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.

**Methadone 10mg #420:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62,74-82.

**Decision rationale:** The Chronic Pain Guidelines indicate that methadone is recommended as a second-line drug for moderate to severe pain. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report 6/10 pain with lower extremity symptoms. Satisfactory response to treatment has not been indicated. Additionally, there is no evidence of failure to respond to first-line treatment. Based on the clinical information received, the request is non-certified.

**Fluoroscopy:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Sedation:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.