

<b>Case Number:</b>	CM13-0064384		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/25/2007
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Ohio. 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 patient is a 52-year-old male who reported an injury on 06/25/2007. The mechanism of injury was not specifically stated. The patient is currently diagnosed with lumbar post-laminectomy syndrome, right lower extremity radiculopathy, status post lumbar interbody fusion, status post left elbow ORIF, bilateral hip internal derangement, reactionary depression/anxiety, right hip internal derangement, medication-induced gastritis, right total hip replacement, left hip avascular necrosis, successful trial of neuraxial opioid medication, left ulnar neuropathy versus atypical cervical radiculopathy, left upper extremity ceroma, and cervical myoligamentous injury. The patient was seen by [REDACTED] on 12/19/2013. The patient recently underwent a lumbar epidural steroid injection at S1 bilaterally on 09/23/2013 and reported 80% relief to the lower back and radicular symptoms. Physical examination revealed tenderness to palpation, numerous trigger points, decreased range of motion of the lumbar spine, positive straight leg raise, decreased sensation in the L4-5 distribution, and radicular pain bilaterally. Treatment recommendations at that time included a cervical epidural steroid injection, a dental consultation, trigger point injections, and continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR ESI:** Upheld

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

**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. As per the documentation submitted, the patient has been previously treated with a lumbar epidural steroid injection. Although the patient reported 80% relief in symptoms, there was no documentation of objective functional improvement followed by a reduction of medication use for 6 to 8 weeks following the initial injection. There is also no documentation of exhaustion of conservative treatment. There were no imaging studies or electrodiagnostic reports submitted for review. The specific level at which the epidural steroid injection will be administered was not stated in the request. Based on the clinical information received, the request is non-certified.