

<b>Case Number:</b>	CM14-0013697		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	10/14/2008
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Orthopedic Surgery, and is licensed to practice in Texas. 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 injured worker is a 53-year-old male who sustained an injury to his low back on 10/14/08. The mechanism of injury was not provided for review. A clinical note dated 12/5/13 reported that the injured worker continues to complain of low back pain. The report states that the injured worker's back pain is still stable, but he has noticed progressively worsening pain and associated stiffness. Physical examination of the lumbar spine revealed spasm, painful range of motion, limited range of motion, Leseague's positive, positive straight leg raise bilaterally at 60°, and motor strength was intact bilaterally. The patient was diagnosed with status post hardware removal, lumbar spine degenerative disc disease, chronic low back pain, and a history of previous L4-5 fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR EPIDURAL STEROID INJECTION L3-4 RIGHT SIDE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , EPIDURAL STEROID INJECTIONS (ESIS),

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS, 46

**Decision rationale:** The California Medical Treatment Utilization Schedule (CA MTUS) states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There were no recent imaging reports provided that would correlate with recent physical examination findings indicative of active radiculopathy at the L3-4 level. Given the clinical documentation submitted for review, medical necessity of the request for lumbar epidural steroid injection at L3-4 right-side has not been established.