

<b>Case Number:</b>	CM14-0023409		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/02/2001
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 61 year old male who reported an injury on 11/02/2001 due to a fall. The injured worker had a history of lower back pain and bilateral lower leg pain with pain ranging from 5-9/10 since last visit and at times reaching 9/10 during the day. The injured worker had a diagnosis of degeneration of the lumbosacral intervertebral disc, lumbago, thoracic or lumbosacral neuritis or radiculitis unspecified, myalgia and myositis unspecified, post laminectomy syndrome at lumbar region. Physical examination of lumbar region reveals tender to palpate at lumbosacral region, lumbar flexion at 30 degrees, extension painful no degree measured. Neurologic exam reveals antalgic gait, noted dysesthesia along right dorsal foot and plantar surface to bilateral feet. Diagnostics include chiropractic times 4 visits, repeat lumbar epidural steroid injection on 03/24/2014 and physical therapy, oxycodone 20 mg three times a day as needed for pain. The treatment plan includes continuing with conservative care and medication to manage pain. The request authorization form dated 07/11/2013 was provided submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 LUMBAR EPIDURAL STEROID INJECTION AT L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** The request for 1 lumbar steroid injection at the L4-5 is non-certified. The California Guidelines MTUS indicate no more than 2 epidural steroid injections. The California Guidelines also recommend repeat injections after 50-60% relief for 6-8 weeks. The documentation provided indicated that the injured worker had a repeat lumbar epidural steroid injection on 03/24/2014. However, there is no documentation as to how many injections the injured worker had received. Also there is a lack of documentation of any significant functional improvement or medication reduction to support a repeat injection. Therefore, the request for lumbar epidural steroid injection is not medically necessary.