

<b>Case Number:</b>	CM14-0025318		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/15/1994
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Management, 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 55 year old male who reported an injury on 07/15/1994 of unknown mechanism of injury. The injured worker has a history of pain to the right sacroiliac joint. The injured worker rates his pain 2/10 at his best and a 7/10 most of the time and 9/10 being the worst, his medications include oxycodone/acetaminophen, oxycodone/ hydrochloride and Aleve. The injured worker had a diagnosis of late postoperative, lumbar spine and segmental instability at the lumbar spine. The treatment plan includes, epidural injection at the L1-2, hardware injection and a sacroiliac joint injection at a later date. The authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR EPIDURAL STEROID INJECTION AT L1-L2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate epidural steroid injection as an option for radicular pain and that the injured worker fail initial conservative care. The guidelines also recommend a strengthening and conditioning program. In addition, there was

no documentation of failed conservative therapies such as, medication and/or management strengthening/ conditioning workout program. There was no evidence of neurological deficits as a consistent finding. The MRI revealed normal findings and no diagnosis of radiculitis noted. The documentation also states that the injured worker is able to ambulate for two hours without pain. The request did not include the use of fluoroscopy as recommended by guidelines. The request for an LESI at L1-L2 is not medically necessary or appropriate.