

<b>Case Number:</b>	CM14-0029981		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 56-year-old male who reported an injury after stacking and carrying chairs at work on 06/06/2013. The injured worker's diagnoses indicated lumbar spine spondylosis, lumbar spine radiculitis, lumbar spine disc disorder, and cervical spine pain. The injured worker reported increased cervical spine pain since his last visit. On physical examination, the injured worker had no changes to his lumbar spine since the last visit; however, the injured worker had increased pain with range of motion of the cervical spine. The injured worker had a lumbar epidural injection dated 03/04/2014. The injured worker's prior treatments included diagnostic imaging, epidural steroid injection, and medication management. The provider submitted a request for a lumbar epidural steroid injection. A request for authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection:** 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 INJECTIONS (ESIS) Page(s): 46.

**Decision rationale:** The request for Lumbar Epidural Steroid Injection is not medically necessary. The California MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Current recommendations suggest a second epidural injection if there is at least 50% pain relief with associated reduction of medication use for six to eight weeks. The documentation submitted indicated the injured worker had 1 prior lumbar epidural steroid injection. The guidelines recommend no more than 2 epidural steroid injections. In addition, there not enough quantified pain relief and functional improvement with associated reduction of medication use in the documentation submitted. Moreover, the request did not indicate fluoroscopy for guidance. Additionally, the request did not indicate a level for the lumbar epidural steroid injection. Therefore, the request for lumbar epidural steroid injection is not medically necessary.