

<b>Case Number:</b>	CM14-0030498		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/05/2003
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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, has a subspecialty in 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 records presented for review indicate that this 53 year-old individual was reportedly injured on February 5, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 24, 2014, indicates that there are ongoing complaints of neck pain, and lower extremity involvement. Some improvement is noted with the previous 2 cervical epidural steroid injections completed. A 60% pain improvement is noted. It is also noted there were three separate industrial accidents that are being treated at the time of this evaluation. There was muscle spasm noted in the lower lumbar region and tenderness to palpation. There are some sensory changes to the lateral aspect of the right lower extremity. Also, there were changes in the C6 dermatomes in the right upper extremity. Diagnostic imaging studies were not presented for review. Previous treatment includes multiple medications, multiple injections, physical therapy, and other pain management interventions. A request had been made for trigger point injections and was not certified in the pre-authorization process on February 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection, right L4-5 lumbar spine:** 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46.

**Decision rationale:** There is a disc lesion identified, and the records reflect that 2 separate epidural steroid injections have been given with significant relief. However, as noted in the MTUS Chronic Pain Guidelines, a series of 3 injections are not recommended. As such, when noting the epidural steroid injections are completed tempered by the parameters outlined in the MTUS Chronic Pain Guidelines, there is no medical evidence presented to suggest a repeat injection this close to the previous procedure. The request is not medically necessary and appropriate.