

<b>Case Number:</b>	CM14-0038806		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	10/13/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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. 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 sustained an injury to his low back on 10/17/11 while performing his customary duty of vacuuming, he experienced back back pain. The injured worker was placed on modified work restrictions, treated with NSAIDs, muscle relaxers and a regimen of physical therapy. It was reported that the patient has had three lumbar epidural steroid injections which provided no benefit. A panel qualified medical examination dated 07/12/12 place the patient at maximum medical improvement with a whole person impairment rating of 8%.

### 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 Part 2 - Pain Interventions and Treatments Page(s): 46.

**Decision rationale:** The level/laterality was not specified. It was reported that the injured worker was placed on modified work restrictions, treated with NSAIDs, muscle relaxers and a regimen of physical therapy; however, There were no physical therapy notes provided that would indicate

the amount of physical therapy visits the patient has completed to date and/or the patient's response to previous conservative treatment. It was reported that the patient has had three lumbar epidural steroid injections which provided no benefit. Repeat injections are not medically necessary considering the inefficacy of previous in injections. Therefore, based on guidelines and a review of the evidence, the request for epidural steroid injection is not medically necessary.