

<b>Case Number:</b>	CM14-0043227		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/04/2007
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 and is licensed to practice in Nevada. 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 gentleman who was reportedly injured on September 4, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 19, 2014, indicates that there are ongoing complaints of neck and low back pain. The physical examination demonstrated an individual in obvious distress, pain behaviors, and no change with the musculoskeletal or neurologic examination. Diagnostic imaging studies were not referenced in this note. Previous treatment includes multiple level lumbar fusion (L1-L2 and L3-S1), urine drug screening, multiple medications and the spinal cord stimulator. A request had been made for a lumbar epidural steroid injection and was not certified in the pre-authorization process on March 12, 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 LEFT L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46 of 127.

**Decision rationale:** As outlined in the California Medical Treatment Utilization Schedule, such injections are indicated when radiculopathy has been documented and corroborated by both imaging and electrodiagnostic studies as well as physical examination. The records reflect that this individual has a muscle spasm, but no specific radiculopathy type findings on physical examination. Furthermore, noting the entirety of the lumbar spine examination and the results of diagnostic testing, there is a spinal cord stimulator already in place, the medical necessity for this injection has not been established.