

<b>Case Number:</b>	CM14-0065857		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/07/2001
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 records presented for review indicate that this 61-year-old gentleman was reportedly injured on February 7, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 8, 2014, indicates that there are ongoing complaints of low back pain, neck pain, and right knee pain. The physical examination demonstrated decreased cervical spine range of motion and facet tenderness. There was a radiculopathy present bilaterally at the C5, C6, and C7 level. Examination of the lumbar spine reveals spasms and decreased lumbar range of motion. There was a positive bilateral straight leg raise at 45 and decreased sensation from L4 through S1 bilaterally. The examination of the right knee reveals patellofemoral crepitus, a positive Apley's test, and tenderness over the joint lines. Diagnostic imaging studies revealed a large facet articulation that displaces the left L2 and L3 nerve root. There was also a disc herniation at L2 - L3 and L3 - L4 which displaces the right L4 nerve root. Additionally a disc herniation at L4 - L5 contacts the bilateral L5 nerve roots and a disc herniation at L5 - S1 contacts the bilateral S-1 nerve roots. Previous treatment is unknown. A request had been made for lumbar epidural steroid injections and was not certified in the pre-authorization process on April 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL INJECTION SERIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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

**Decision rationale:** Although the attached medical record does contain abnormal findings on physical examination and neurological involvement on the lumbar spine MRI, this request does not specify what which levels are to be injected. Without additional clarification, this request for a lumbar epidural injection series is not medically necessary.