

<b>Case Number:</b>	CM14-0066993		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/23/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 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 61 year old male who sustained an injury to his low back on 11/23/13 due to a lifting injury. Plain radiographs dated 11/13/13 reportedly revealed mild degenerative disc disease and spondylosis of the lumbar spine greatest at the L4-5 and L5-S1 levels. An official magnetic resonance image of the lumbar spine dated 11/27/13 reportedly revealed degenerative changes at L4 through S1; severe spinal canal stenosis at L5 due to a subtle shaped disc protrusion; ligament and flavum hypertrophy; severe bilateral L5-S1 neural foraminal narrowing primarily due to facet arthropathy and a saddle-shaped disc protrusion. It was reported that the injured worker has had physical therapy; however, there was no physical therapy notes provided for review. Physical examination noted normal deep tendon reflexes bilaterally; negative straight leg raise; normal sensation; normal motor strength at 5/5. The injured worker was recommended for lumbar epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Epidural Steroid Injection Bilateral L4-L5: 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 Epidural steroid injections Page(s): 46.

**Decision rationale:** The request for lumbar epidural steroid injection at bilateral L4-5 is not medically necessary. Additionally, the injured worker needs to be shown to have initially unresponsive to recommended conservative treatment. There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. There was no indication that the injured worker is actively participating in a home exercise program. Given this, the request for lumbar epidural steroid injection bilateral L4-5 is not indicated as medically necessary.