

<b>Case Number:</b>	CM14-0071860		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	02/10/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Management 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 48 year old male whose date of injury is 02/10/2012. The mechanism of injury is described as squatting and falling. The treatment to date includes medication management, physical therapy and cervical epidural steroid injection. A MRI dated 07/02/12 revealed L3-4 and L5-S1 disc degeneration, disc bulging and facet arthropathy. The most recent office visit note dated 03/10/14 does not contain a comprehensive physical examination.

### 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) Page(s): 46.

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

**Decision rationale:** Based on the clinical information provided, the request for lumbar epidural steroid injection is not recommended as medically necessary. The submitted records fail to provide a current, detailed physical examination to establish the presence of active lumbar radiculopathy as required by CAMTUS guidelines. Additionally, the request is nonspecific and

does not indicate the level, laterality or approach to be performed. Therefore, the request is not in accordance with CAMTUS guidelines and not medical necessary.