

<b>Case Number:</b>	CM14-0095771		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/07/1990
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

This patient is a 67-year-old male who developed chronic low back pain subsequent to an injury dated 5/7/90. He has good to moderate control of his pain with oral analgesics consisting of Norco 10/325mg. 5-6 per day. An MRI scan on 2/20/13 revealed L3-4, L4-5 stenosis (central and foraminal) due to spondylosis and congenital narrowing. He is reported to be quite active physically. The back pain is reported to radiate into the right lower extremity. He is also s/p (status post) open reduction and fixation of the right leg due to fractures a few years ago. The radiation of pain is not detailed as far as location or relative contribution to total pain. Positive straight leg raising is documented, but there is no detail regarding the this i.e. does it cause dermatomal symptoms. No neurological or dermatomal changes are noted as normal strength, sensation and reflexes are documented in the lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection, QTY: 1:** 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 Epidural Injections Page(s): 46.

**Decision rationale:** MTUS Guidelines are very specific that epidural injections are only recommended if there is clear evidence of a radiculopathy with its associated dermatomal findings. The requesting physician does not demonstrate any dermatomal changes, but does document a normal neurological exam. There are no unusual circumstances to justify an exception to Guideline recommendations. The requested lumbar epidural injection is not medically necessary and appropriate.