

<b>Case Number:</b>	CM14-0197659		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab, 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 58-year-old male who reported an injury on 07/20/2010. The mechanism of injury was heavy lifting. His diagnoses were noted to include spinal stenosis of the lumbar spine. Past treatments included pain management program. Diagnostic studies included an MRI performed on 06/24/2013, which was noted to reveal collapse of L4-5 discs. On 10/23/2014, the patient was seen for an evaluation. He reported no change in his symptoms since the last visit. He reported new symptoms in his neck and arms. His pain is rated at an 8/10. Physical examination was not provided. His current medications included hydrocodone, Flexeril, Zolpidem, Carisoprodol, and Sentra AM. The treatment plan included an epidural block at L4-5. A request was received for lumbar and sacral spine injection. The rationale for the request was not provided. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar and sacral spine injection:** Upheld

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

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

**Decision rationale:** The request for decision for lumbar and sacral spine injection is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections with evidence of radiculopathy, provided by imaging studies and/or electrodiagnostic testing, and documentation of initial unresponsiveness to conservative treatment. Clinical notes indicate the patient was diagnosed with spinal stenosis of the lumbar spine. In addition, an MRI report dated 06/24/2013 revealed severe degenerative disc disease at L5-S1 with mild central canal stenosis. However, there is no documentation to indicate failure of conservative treatment. In the absence of documentation indicating initial unresponsiveness to conservative treatment, the request is not supported. In addition, the request does not specify what kind of injection is needed. Therefore, the request is not medically necessary.