

<b>Case Number:</b>	CM13-0007901		
<b>Date Assigned:</b>	05/23/2014	<b>Date of Injury:</b>	03/20/2003
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### 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 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:

The injured worker is a 49-year-old male who reported an injury on 03/20/2003. The mechanism of injury was lifting a resident. The documentation of 10/18/2013 revealed the injured worker had low back pain aggravated with movement that radiated to the left leg. There were associated sensation changes of the left leg. The injured worker was noted to have a lumbar epidural steroid injection in 2012 with minimal relief. The diagnoses included lumbar disc displacement without myelopathy, lumbosacral spondylosis without myelopathy, and post laminectomy syndrome of the lumbar region. The treatment plan included Oxycodone, Tramadol ER, and Prilosec, as well as a lumbar interlaminar epidural steroid injection. The subsequent documentation submitted for review additionally indicated additionally that the request was for a lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL THORACIC EPIDURAL INJECTION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines recommend repeat epidural steroid injections where there is a documentation of at least 50% pain relief for greater than 6 weeks with an associated reduction of pain medications. There should be documentation of objective functional improvement. The injured worker had an epidural steroid injection in 2012 with minimal relief. The clinical documentation submitted for review indicated the request was for a lumbar epidural steroid injection without documentation of a laterality or a level. The submitted request was for a cervical thoracic epidural steroid injection. There was no DWC Form RFA or PR2 submitted requesting the cervical epidural steroid injection. If the request was for a cervical thoracic epidural injection, there was no MRI to support the injured worker had imaging that would corroborate findings of cervical spine radiculopathy. There were no objective findings upon examination and there was a lack of documentation indicating a trial and failure of conservative therapy. Given the above, and the lack of documented clarity, the request for a cervical thoracic epidural injection is not medically necessary.