

<b>Case Number:</b>	CM15-0001821		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	07/15/1998
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 sustained a work injury on 07/15/1998. The mechanism of injury or injuries sustained is not documented. On 11/19/2014 he presented for follow up with complaints of increased low back and leg pain. Physical exam noted the patient had difficulty walking, changing position and getting onto the examining table. The motion was restricted and caused painful symptoms. There was muscle spasm and guarding with motion. Bent knee femoral stretch test was positive. Gait was antalgic. Diagnoses included status post lumbar hardware removal and non-instrumented revision of fusion/foraminotomy lumbar 5 - sacral 1 on 02/07/2013, status post previous laminectomy discectomy lumbar 3 - 4 to the right, status post revision decompression and fusion of lumbar 3 - 5 12/30/2004, status post removal of hardware of lumbar spine, status post revision decompression and fusion lumbar 2 - 3 on 11/2010, lumbar 1 - 2- 5.0 mm disc bulge with facet arthrosis with central and foraminal narrowing and lumbar 5 - sacral 1 mm disc bulge with bilateral foraminal narrowing. The only prior treatments documented are medications. The provider requested lumbar epidural injection times one. On 12/03/2014 Utilization Review non-certified the request for lumbar epidural steroid injection noting there was no evidence given the patient had recently undergone conservative treatment to include physical therapy or home exercise. Furthermore, the level or levels to be injected were not stated. MTUS Guidelines were cited. On 01/05/2015 the injured worker submitted an application for IMR review of the request for lumbar epidural steroid injection.

### 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 Injection Page(s): 46.

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

**Decision rationale:** Lumbar epidural steroid injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Without specific level or laterality on the request the medical necessity of this request cannot be certified and therefore the lumbar epidural steroid injection is not medically necessary.