

<b>Case Number:</b>	CM15-0125195		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	08/15/2006
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 an 83 year old male who sustained an industrial /work injury on 8/15/06. He reported an initial complaint of low back pain. The injured worker was diagnosed as having fasciitis, spinal stenosis, and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date includes medication, steroid injections, and diagnostic testing. MRI results were reported on 10/23/09. Currently, the injured worker complained of chronic low back pain with occasional radicular pain to the right leg into the right foot. There is intermittent numbness and tingling of the entire right leg, more so on the lateral side. Prior injections helped for a few months duration. Per the primary physician's report (PR-2) on 2/11/15, exam noted pain near the coccyx area. There was 40% reduction in the spinal motion, paraspinal spasm in the lumbar spine with motion, trigger point areas of tenderness over the lower lumbosacral spine and gluteal regions, mildly decreased hip range of motion with mild groin pain, bilateral genu varum deformities, crepitus over the P-F joint and medial joint line tenderness of bilateral knees, and antalgic gait. The requested treatments include Depo Medrol injection to the Bilateral Paraspinal Lumbar area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DepoMedrol injection to the Bilateral Paraspinal Lumbar areas, Qty 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** Per MTUS guidelines, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. In this case, the injured worker has received previous corticosteroid injections to the lumbar area with only a limited and brief-duration of pain relief. The request for DepoMedrol injection to the Bilateral Paraspinal Lumbar areas, Qty 2 is determined to not be medically necessary