

<b>Case Number:</b>	CM13-0032048		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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 claimant is a 57 year old male presenting with low back pain following a work related injury on 10/18/2012. The claimant has a history of diabetes. The claimant complained of constant pain in the lower back traveling to the right hip into the mid-thigh. The pain is described as aching, stabbing, and sharp. The physical exam was significant for Kemp's and facet test on both sides, paraspinal, spinal and facet joint tenderness bilaterally at L5-S1 levels in the lumbar spine with muscle guarding and spasms bilaterally, and limited range of motion. MRI of the lumbar spine was significant for disc desiccation at L4-5 and L5-S1 with decrease in disc heights, diffuse disc herniations causing bilateral neural foraminal stenosis as well as spinal canal stenosis, most prominent at L5-S1. The claimant was diagnosed with lumbago, displacement of lumbar intervertebral disc without myelopathy, lower back pain with bilateral lower extremity radiculopathy, spinal stenosis of lumbar spine region; neuroforaminal stenosis at L4-5 and L5-S1. A claim was made for internal medicine clearance prior to proceeding with bilateral lumbar epidural steroid injection L4-5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal Medicine Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.guidelines.gov/content.aspx?id+24226&search=pre-op+clearance.](http://www.guidelines.gov/content.aspx?id+24226&search=pre-op+clearance)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back complaints, Surgical Considerations.

**Decision rationale:** Internal medicine clearance is not medically necessary. Per ODG, patients with comorbid conditions, such as cardiac or respiratory disease, diabetes, or mental illness, may be poor candidates for surgery. Comorbidity should be weighed and discussed carefully with the patient. The provider ordered a lumbar epidural steroid injection in a diabetic patient without clear nerve root pathology on MRI to corroborate with the physical exam where there was no documentation of a straight leg raise or an EMG nerve conduction study indicative of a lumbar radiculitis. If the claimant has a co-morbid condition that will out-weigh the temporary benefits of the lumbar epidural steroid injection then the procedure should not be performed; therefore, the request is not medically necessary.