

<b>Case Number:</b>	CM13-0032749		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	09/19/2005
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 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 patient is a 73-year-old male who reported an injury on 09/19/2005. The patient is currently diagnosed with status post left knee scope, herniated nucleus pulposus at C4-7, herniated nucleus pulposus at L4-S1, hypertension secondary to industrial injury, left lower extremity radiculitis, lumbar spine myofascial pain syndrome, and multilevel disc degeneration and inflammation with protrusion and stenosis at L2-3. The patient was seen by [REDACTED] on 08/05/2013. The patient reported 7/10 neck pain with 8/10 mid and low back pain. Physical examination revealed weakness, 4+ hamstring rightness, and absent clonus. Treatment recommendations included a high volume epidural injection at L2-3 followed by physical therapy and continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **High volume lumbar epidural steroid injection at L2-3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines state epidural steroid injections are recommended as a possible option for treatment of radicular

pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should also prove initially unresponsive to conservative treatment. As per the clinical notes submitted, the patient's physical examination only revealed quadriceps weakness with hamstring tightness. There was no indication of radiculopathy upon physical examination. Furthermore, the patient's latest Magnetic resonance imaging (MRI) of the lumbar spine submitted for review is dated back in 2008. There was no evidence of neural foraminal stenosis at L2-3 on the imaging study dated 10/22/2008. Additionally, there is no evidence of this patient's failure to respond to conservative treatment. Based on the clinical information received, the patient does not currently meet criteria for an epidural steroid injection. As such, the request is non-certified.

**Follow up visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** Official Disability Guidelines state the need for a clinical office visit with a healthcare provider is individualized based upon review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgement. As the patients requested epidural steroid injection is not currently authorized, the necessity for a post-injection followup visit is also not medically necessary. Therefore, the request is non-certified.

**Aggressive Lumbosacral stabilization / physical therapy one times six:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As the patients requested epidural steroid injection has not been authorized, the concurrent physical therapy is also not medically necessary. As such, the request is non-certified.