

<b>Case Number:</b>	CM13-0047050		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/07/2007
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Family Practice and is licensed to practice in Texas. 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 49-year-old male who reported an injury on 02/07/2007. The patient is diagnosed as status post left knee surgery, lumbar spine strain with radiculopathy, status post right knee surgery, and left hip strain. The patient was seen by [REDACTED] on 07/16/2013. The patient reported ongoing left knee, lower back, right knee, and left hip pain. A physical examination revealed decreased range of motion of the left knee, 5/5 motor strength, and intact sensation. Treatment recommendations included a lumbar epidural steroid injection, aquatic therapy, physical therapy, and referrals for psychiatry, pain medicine, orthopedic specialists, and a sleep study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A lumbar epidural steroid 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 Page(s): 46.

**Decision rationale:** The California MTUS Guidelines state that epidural steroid injections are recommended as an 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. As per the documentation submitted, a previous request for a lumbar epidural steroid injection was also submitted on 05/07/2013.

Documentation of any previous procedures with treatment efficacy was not provided. There were no imaging studies provided for review to corroborate a diagnosis of radiculopathy. There is also no evidence of radiculopathy on physical examination. The patient demonstrated 5/5 motor strength and intact sensation. Additionally, there is no evidence of and unresponsiveness to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. Based on the clinical information received, the request is non-certified.