

<b>Case Number:</b>	CM14-0000894		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	07/14/2010
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Physical Medicine & Rehabilitation 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 53-year-old female who reported an injury on 07/14/2010, secondary to a fall. The patient is currently diagnosed with lumbar fracture, cervical radiculopathy, and neck sprain and strain. The patient was seen by [REDACTED] on 12/10/2013. The patient reported 6-7/10 pain. Physical examination of the lumbar spine revealed decreased range of motion, tenderness to palpation, spasm, mild right sciatic notch tenderness, and an antalgic gait. Treatment recommendations included a lumbar epidural steroid injection by physical medicine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical medicine consult for lumbar epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment

plan. As per the documentation submitted, the patient does not demonstrate signs or symptoms of radiculopathy upon physical examination. There were no imaging studies or electrodiagnostic reports submitted for this review. There is also no documentation of a recent failure to respond to conservative treatment for the lumbar spine. Based on the clinical information received, the request is non-certified