

<b>Case Number:</b>	CM14-0129120		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	10/20/1998
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/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 records, presented for review, indicate that this 61-year-old individual was reportedly injured on October 20, 1998. The mechanism of injury was noted as injury to the head, neck, left shoulder, arm, back, left hip, and knees, when a 50 pound case fell on his head. The most recent progress note, dated May 28, 2014, indicated that there were ongoing complaints of upper and lower extremity symptoms. The lower extremity symptoms reported include only tenderness over the left lower extremity-whole leg-with allodynia. The physical examination in regards to lumbar or lower extremity symptoms was not documented. Diagnostic imaging studies were not disclosed in the record provided. Prior treatment included the medications noted on this report, including Norco 10/325, Soma 350 mg, and naproxen 500 mg. There was a request for physical therapy, but no notation of what has previously been provided for this 16-year-old injury, or any other physical medicine that has been provided. A request had been made for a lumbar epidural steroid injection at L3 and L4 and was not certified in the pre-authorization process on July 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection L3, L4, outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines -

[https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back;Table%20Summary%20of%20Recommendations,Low%20Back%20Disorders)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the attached medical record, there were no findings of a radiculopathy on physical examination nor were there any imaging studies indicating neurological impingement. Additionally, failed conservative measures, provided, are not disclosed. Considering this, the request for lumbar spine epidural steroid injections is not medically necessary.