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| <b>Case Number:</b>   | CM14-0146475 |                              |            |
| <b>Date Assigned:</b> | 09/12/2014   | <b>Date of Injury:</b>       | 08/30/2013 |
| <b>Decision Date:</b> | 11/03/2014   | <b>UR Denial Date:</b>       | 08/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/09/2014 |

### 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 Alabama. 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:

Patient is a 32-year-old male who reported an injury on 8/30/2013 with an unknown mechanism of injury. He is currently diagnosed with displacement of lumbar intervertebral disk without myelopathy. Previous conservative treatment includes acupuncture. Current medications are not listed. He was evaluated on 7/29/14 with complaints of mild low back pain radiating into the left lower extremity. Physical examination revealed limited lumbar range of motion, tenderness to palpation, paraspinal muscle spasms, positive straight leg raising, and diminished sensation in the right L5-S1 dermatomes. Treatment recommendations at that time included a lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Epidural Steroid Injection L5-S1, Bilateral Times 2: Upheld**

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

**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, Epidural steroid injection

**Decision rationale:** The CA MTUS guidelines state epidural injections are recommended as an option for treatment of radicular pain, with conjunction of other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per this patient's available medical records, he has been previously treated with 6 acupuncture sessions. However there is no mention of an attempt at conservative treatment to include exercise, NSAIDs, or muscle relaxants. There were also no imaging studies or electrodiagnostic reports submitted for this review to correlate with the diagnosis of lumbar radiculopathy. Therefore, based on the clinical documents and the guidelines, the request is not considered medically.