

<b>Case Number:</b>	CM14-0151680		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/10/2004
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Occupational Medicine 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 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:

Medical records reflect the claimant is a 50 year old male who sustained a work injury on 6-10-04. Office visit on 8-6-14 notes the claimant was fitted for replacement of KAFO (Knee-ankle-foot-orthoses) braces. The claimant was authorized 8 physical therapy sessions. The claimant underwent bilateral peroneal blocks on 4-1-14 with reported improvement. The claimant underwent an epidural steroid injection on 12-19-13 with reported 50% improvement in his back pain. On exam, the claimant had 2/5 motor testing at the ankles and feet bilaterally. He has 3-/5 motor testing with the right knee in extension and left knee in extension as 4-/5. Hip flexion as 4/5 bilaterally. The claimant has diffuse right knee tenderness, some swelling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 L5-S1 Epidural Steroid Injection: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter - epidural steroid injection

**Decision rationale:** MTUS notes that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). There is an absence in documentation noting that this claimant has a nerve root compression at L5-S1 level or objective physical exam findings of radiculopathy at L5-S1 distribution. Therefore, the medical necessity of this request is not established.