

<b>Case Number:</b>	CM14-0174878		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	08/28/2002
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 54 year old man who sustained a work related injury on August 28 2002. Subsequently, he developed left knee and lower back pain. According to a progress report dated on August 8 2014, the patient was complaining of back pain with numbness with constant sharp and aching pain. The pain severity was rated 8/10 without medication and 4/10 with medication. Physical examination demonstrated lumbar tenderness with reduced range of motion, positive straight leg raise, moderate tenderness to the left medial patella, and left knee pain with reduced range of motion and antalgic gait. The patient was treated with NSAIDs and epidural injections. The patient was diagnosed with left shoulder sprain, left lumbar sprain and left knee sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Single Left L4-5 and L5-S1 TFESI:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, Epidural Steroid Injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant

long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no recent clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, Single Left l4-5 andL5-S1 TFESI is not medically necessary.