

<b>Case Number:</b>	CM14-0025959		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 California and Washington. 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 43-year-old male who reported an injury on 4/22/13, due to repetitive trauma while performing normal job duties. The injured worker sustained an injury to his low back. The injured worker's treatment history included medications, chiropractic care, and physical therapy. The injured worker was evaluated on 12/3/13. Physical findings included restricted range of motion of the lumbosacral spine with diminished left hip strength, and a positive Kemps test. It was noted that the patient complained of 5/10 moderate low back pain radiating into the left lower extremity. The injured worker's diagnoses included myofascial syndrome, lumbar discopathy, and possible anxiety related to chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR SPINE EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections for patients who have clinical findings of radiculopathy

that have failed to respond to conservative treatments and are corroborated by an imaging study. The clinical documentation submitted for review does indicate that the patient has findings of radiculopathy that have failed to respond to chiropractic care and physical therapy. It is also noted within the documentation that the injured worker has undergone an MRI. However, an independent report of that MRI was not provided for review. Furthermore, the request as it is submitted does not provide a laterality or level of treatment. Therefore, in the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested lumbar spine epidural steroid injection is not medically necessary or appropriate.