

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0037623 |                              |            |
| <b>Date Assigned:</b> | 06/25/2014   | <b>Date of Injury:</b>       | 06/13/2011 |
| <b>Decision Date:</b> | 08/13/2014   | <b>UR Denial Date:</b>       | 03/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/28/2014 |

### 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 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 injured worker is a 63-year-old female who was reportedly injured on June 13, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 7, 2014, indicated that there were ongoing complaints of neuritic type pain the right lower extremity. The physical examination demonstrated allodynia, hypersensitivity, and no atrophy. Diagnostic imaging studies objectified a ligament injury in the ankle. Previous treatment included multiple medications and podiatric evaluation and care. A request had been made for a lumbar spine injection and was not certified in the pre-authorization process on March 6, 2014.

### 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 with fluoroscopy, unlisted level:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009 Page(s): 46 of 127.

**Decision rationale:** Epidural steroid injections are indicated when there is a radiculopathy. Based on the most recent physical examination reviewed, there was an element of complex

regional pain syndrome documented by the allodynia and hypersensitivity. There was no objectification of a verifiable radiculopathy. Therefore, based on the clinical information presented for review, this is not medically necessary.