

<b>Case Number:</b>	CM14-0041118		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/05/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 42-year-old male who was reportedly injured on 7/5/2011. The mechanism of injury was noted as a lifting. The most recent progress note dated 2/25/2014, indicated that there were ongoing complaints of low back pain that radiated into the bilateral lower extremities. The physical examination demonstrated neck had no masses, and deep tendon reflexes did not really elicit reflexes. There was decreased sensation on the right L4-S1. Muscle strength foot and ankle weak bilaterally 1-2+/5. Straight leg raise positive was less than 20 bilaterally. No recent diagnostic studies are available for review. Previous treatment included physical therapy, chiropractic care, and medications. A request was made for lumbar epidural steroid injection at L4 and was not certified in the pre-authorization process on 3/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar epidural steroid injection at L4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter & AMA Guidelines.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there was insufficient clinical evidence that the proposed procedure meets the MTUS guidelines. Specifically, there were minimal physical examination findings of lower extremity radiculopathy. It was noted the injured worker did have decreased sensation on the right lower extremity at L4-S1, but no diagnostic studies corroborating the physical examination findings. As such, the request for lumbar epidural steroid injection at L4 is not medically necessary and appropriate.