

<b>Case Number:</b>	CM14-0055647		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/26/2010
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 & Rehab and is licensed to practice in California. 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's original date of injury was July 26, 2010. The injured worker carries diagnoses of chronic low back pain, lumbar radiculopathy, and there is noted radiation of pain to the left side below the knee. The disputed request is for a lumbar epidural steroid injection. A utilization review determination had noncertified the request for lumbar epidural injection based upon "no documentation of any physical therapy provided, the length of the physical therapy or whether these treatments have helped in the past."

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injection Section Page(s): 47.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines specifies that in order for a patient to get a lumbar epidural steroid injection there should be documentation on physical examination of lumbar radiculopathy with confirmation either with MRI or electrodiagnostic studies. Prior to attempting a lumbar epidural, there should be documentation of conservative

care including physical therapy. In this injured worker, there was no documentation of a recent MRI or electrodiagnostic study to confirm lumbar radiculopathy. Physical examination conducted on January 7, 2014 fails to document a complete neurologic examination. Given the lack of documentation, the request for lumbar epidural is not medically necessary.