

<b>Case Number:</b>	CM14-0061457		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/08/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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:

Patient is a 70-year old female with an 11/08/13 date of injury. 01/30/14 orthopedic evaluation report states that she fell on the floor injuring her back and striking her head while trying to pull the lid off a metal table. She had a contusion over her eye as well. Denies radicular symptoms. Has difficulty bending, stooping and lifting. Objectively, there is diffuse tenderness over lumbar area. SLR is normal seated and supine. 02/27/14 Lumbar MRI concludes: Severe spinal canal stenosis at L4-5 attributed to degenerative spondylolisthesis and osteoarthritic changes in posterior elements. Mild sagittal diameter of the thecal sac is reduced to 6mm. Some disc degeneration at L2-3 and L3-4 with minor bulges and/or shallow broad-based protrusion without stenosis. 03/13/14 Follow-up report states back pain, with bending and stooping. Objectively, there is diffuse tenderness over lumbar area. SLR is normal seated and supine. Diagnosis: L4-5 spinal stenosis. There are two notes from [REDACTED], both dated 03/12/14. However, one is stating low back pain levels of 7/10, and the other states low back pain of 6/10. Patient was prescribed Vicodin. Request is for a trial of lumbar epidural steroid injections at L4-5 (quantity unknown) and an unspecified consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of lumbar epidural steroid injections at L4-5 (quantity unknown): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** The clinical findings reflect no evidence of radiculopathy. There is no pain, numbness, and/or paresthesias in a dermatomal distribution, there are no corresponding motor, reflex, or sensory changes on examination, and no electrodiagnostic studies describing radiculopathy. CA MTUS does not support epidural injections in the absence of objective radiculopathy. Guideline criteria are not met. This request is not medically necessary.

**Consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Chapter 7 - Independent Medical Examinations and Consultations (pp 127, 156).

**Decision rationale:** CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However in this case, the purpose of a consult is not clear and is not stated in the records provided. The complication that the primary care physician experiences (if so) is also undefined. Guideline criteria are not met. This request is not medically necessary. If the request is related to the Lumbar ESI, then it also is not medically necessary, since LESI is not medically necessary.