

<b>Case Number:</b>	CM14-0071780		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Orthopedic Surgery 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 records, presented for review, indicate that this 33-year-old female was reportedly injured on April 15, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 15, 2014, indicated that there were ongoing complaints of low back pain radiating to the right lower extremity. The physical examination demonstrated tenderness along the lumbar paraspinal muscles and the lumbar spine. There was a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a lumbar support, home lumbar traction, a hot/cold unit, a lumbar epidural steroid injection, and the use of a transcutaneous electrical nerve stimulation (TENS) unit. A request had been made for a diagnostic lumbar epidural steroid injection at L4-L5, and internal medicine evaluation clearance, a psychiatric evaluation clearance, and a follow-up in four weeks and was not certified in the pre-authorization process on May 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Diagnostic Lumbar Epidural Steroid Injection at disc level L4-L5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the attached medical record, there are no findings of a radiculopathy on physical examination nor are there any imaging studies indicating neurological impingement. Considering this, the request for a diagnostic lumbar spine epidural steroid injection at L4-L5 is not medically necessary.

**Internal Medicine Specialist Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), & ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** As the accompanying request for a lumbar spine epidural steroid injection has been determined not to be medically necessary, so is this request for an internal medicine specialist clearance.

**1 Psyche Evaluation Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 100-102 OF 127.

**Decision rationale:** As the accompanying request for lumbar spine epidural steroid injection has been determined not to be medically necessary, so is this request for psychiatric evaluation clearance.

**1 Follow up visit in 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Office Visits, Updated August 22, 2014.

**Decision rationale:** As the accompanying request for a lumbar spine epidural steroid injection has been determined not to be medically necessary, so is this request for a followup in four weeks.