

<b>Case Number:</b>	CM14-0194958		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Family 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:

The injured worker 46-year-old female experienced an industrial injury 06/27/13, which she injured her lower back while pushing and moving celery while working as a laborer/packer. Diagnoses were lumbar sprain/strain and sciatica. Per the Qualified Medical Examination (QME) report dated 10/01/14, her usual and customary duties consisted of having to constantly stand, bend at the neck, twist at the waist, repetitively use both hands, perform simple grasping with both hands, and reach below shoulder level with the bilateral arms. Per the QME report, the worker reported described the injury as while she was reaching across the belt trying to sweep a large pile of celery to the other side, she bend forward rotating and then forcefully rotate at the waist to create the sweeping motion. She felt a pop in her low back and almost immediately felt pain in her low back and hips. The worker was evaluated 10/28/14 by the primary treating physician for complaints of low back pain rated 6-7/10 with radiation of pain into the left lower extremity to the left heel. It was stated that her symptoms were worse without care. Objective findings revealed positive Kemp's right and left for lumbar pain. Palpation showed 3+ tenderness from L1-S1 with an increase in the lumbar paraspinal muscle tone. Straight leg raises (SLR) on the left at 45 degrees increased lumbar pain. On the left it also reproduced left leg pain to the level of the left foot; this was confirmed by Braggard's. Diagnoses were lumbar sprain/strain and sciatica. Treatment recommendations were to send the patient to a pain management doctor and possible epidural steroid injection. She had received an epidural steroid injection the week prior and received relief for a couple of days, however, now her symptoms has returned. The recommendations are for another epidural injection and chiropractic care at a frequency of one time per week for the next four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Doctor for Epidural Injection: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 590-593, Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic), Epidural Steroid Injections (ESIs), Therapeutic, Online

**Decision rationale:** The ACOEM guidelines recommend for epidural steroid injections as an option for the treatment of radicular pain and for pain unresponsive to conservative treatment, such as exercise, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants. The guidelines also recommend in the therapeutic phase, repeat blocks should be used on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The patient received an epidural steroid injection one week prior to most recent exam and received relief for a couple of days, however, her symptoms had returned. Due to lack of documentation of at least 50% pain relief with associated reduction of medication use for six to eight weeks, this request is not medically necessary.