

<b>Case Number:</b>	CM14-0097517		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/26/2001
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Texas. 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 49 year old male who sustained an injury to his low back on 01/26/01 when a 500 pound deionizer began falling and he tried to stop it, as it would have struck a coworker. In doing so, he reinjured his neck and low back and has not worked since. The injured worker was first injured on 11/09/00 when under a house pulling a pipe which slipped. His head went backwards and struck a beam. He lost consciousness and was treated for neck spasm at the hospital. He was diagnosed with C7 radiculopathy. There was no imaging study provided for review. A clinical note dated 05/13/14 reported that the injured worker continued to complain of low back pain radiating down bilateral lower extremities, left greater than right at 8-10/10 VAS. There was no significant change in the physical examination findings. There was no recent detailed physical examination of the lumbar spine provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection trial to bilateral S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46.

**Decision rationale:** The MTUS Chronic Pain Guidelines states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS Chronic Pain Guidelines also states that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxers). There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the patient had completed to date or the patient's response to any previous conservative treatment. There was no indication the injured worker was actively participating in a home exercise program. As such, the request is not medically necessary and appropriate.