

<b>Case Number:</b>	CM15-0078071		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	10/24/2014
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 51 year old male, who sustained an industrial injury on 10/24/2014. He reported sharp pain to his back while cleaning a machine. Diagnoses have included cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain and muscle spasm in back. Treatment to date has included extracorporeal shockwave therapy, magnetic resonance imaging (MRI), physiotherapy, acupuncture, medication and chiropractic treatment. According to the progress report dated 10/29/2014, the injured worker complained of back pain rated 8/10. He complained of difficulty standing upright and of pain radiating to his legs. He reported that back supports and medications helped. Current medications included Acetaminophen, Nabumetone, Tramadol and Orphenadrine Citrate ER. Physical exam revealed spasms and tenderness of the thoracolumbar spine and paravertebral musculature. Straight leg raising test was positive. A progress report dated 3/4/2015 documents that the injured worker complained of persistent pain in low back rated 6-8/10. Authorization was requested for lumbar epidural steroid injection at L1-2, L3-4, L4-5, L5-S1 with facet joint blocks at L4-5 and L5-S1, and physical, blood work and electrocardiogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection at L1-2, L3-4, L4-5, L5-S1 with facet joint blocks at L4-5 and L5-S1:** 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.

**Decision rationale:** Guidelines state that epidural injection may be indicated with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy after failed therapy. In this case, although the patient meets criteria for epidural injection, guidelines recommend no more than 2 levels per visit. The request for lumbar epidural steroid injection at L1-2, L3-4, L4-5, and L5-S1 is not medically appropriate and necessary.

**Physical, blood work and electrocardiogram:** 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 Institute for clinical systems improvement. Preoperative evaluation.

**Decision rationale:** Guidelines state that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. In this case, the request for lumbar epidural injection is not medically appropriate. The request for pre-procedure physical, blood work and electrocardiogram is not medically appropriate and necessary.