

<b>Case Number:</b>	CM14-0147424		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	03/19/2001
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 54 year-old male who was reportedly injured on 3/19/2001. The most recent progress note dated 7/22/2014, indicates that there were ongoing complaints of low back pain that radiates down bilateral lower extremities. The physical examination demonstrated lumbar spine: range of motion is restricted and limited by pain. Positive tenderness to palpation to the paravertebral muscles with muscle spasm and tight muscle band noted on the right side. Straight leg raise test is positive on the right. Motor examination 5/5 bilateral lower extremities. No recent diagnostic studies were available for review. Previous treatment includes lumbar epidural steroid injection, medications, lumbar surgery and conservative treatment. A request was made for lumbar epidural steroid injection at L4, and was not certified in the pre-authorization process on 8/4/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Epidural Injection L4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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.

**Decision rationale:** MTUS guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, and considering the criteria for the use of epidural steroid injections as outlined in the MTUS; there is insufficient clinical evidence presented that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of radiculopathy on physical examination. As such, the requested procedure is deemed not medically necessary.