

<b>Case Number:</b>	CM13-0030997		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Diagnostics 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 physician 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 patient is a 32-year-old old woman who reported an injury to her back on October 10, 2012. Her neurologic examination was normal. An EMG and nerve conduction study performed on June 6 2013 was reported to be normal. Her lumbar MRI performed on August 30, 2013 demonstrated degenerative changes at L4-L5 and L5-S1. The patient was examined by [REDACTED] on July 9, 2013. He reported complaining of moderate to severe back pain with back and leg spasms. Her neurological examination was normal. She was seen by [REDACTED] on September 9, 2013 who requested authorization to perform lumbar epidural injection

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 interlaminar epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the ACOEM Guidelines, an epidural steroid injection is optional for radicular pain to avoid surgery. In this case there is no clear evidence of radicular pain. The patient's MRI did not show any neural damage. Her neurological examination was not

focal. ACOEM Guidelines do not recommend epidural injections for back pain without radiculopathy. The request for L5-S1 interlaminar epidural steroid injection is not medically necessary and appropriate.