

<b>Case Number:</b>	CM13-0032173		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/09/2010
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 43 year old male who reported injury on 10/09/2010. The mechanism of injury was stated to be repetitive lifting. The patient was noted to have an MRI on 02/23/2013 which revealed the patient had no compromise of the thecal sac, traversing nerve roots or nerve roots in the neural foramina, and the facet joints were unremarkable at the level of L5-S1. The diagnosis was not provided. The request was made for a lumbar epidural steroid injection.

### 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 L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injection Page(s): 46.

**Decision rationale:** California MTUS Guidelines recommend, for an epidural steroid injection, the patient must have objective examination findings of radiculopathy on physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. There was a lack of documentation of a physical examination to support the request. As such, and as the radiculopathy was not corroborated by

imaging studies, and that there was a lack of documentation of initial unresponsiveness to conservative treatment, the request for lumbar epidural steroid injection at L5-S1 is not medically necessary.