

<b>Case Number:</b>	CM13-0037225		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	12/15/2009
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Family Practice and is licensed to practice in Arizona. 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:

This patient is a 36-year-old female with a history of a work related injury on Dec 15, 2009 (no specific information provided as to mechanism of injury) who complains of shoulder, wrist and lower back pain. On a physician's progress note dated Oct 11 and Nov 8 of 2013, it states "physical examination positive for straight leg raise with left leg associated sensation in legs". Additionally, the physician's own note documents the criteria for obtainment of the request medical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR EPIDURAL STEROID INJECTION FOR BILATERAL L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN AND INTERVENTIONS Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The MTUS Chronic Pain Guidelines' criteria for the use of epidural steroid injections include documentation of radiculopathy in physical examination that is corroborated by imaging studies and/or electrodiagnostic testing. According to the medical records provided for review, the patient does not have corroborative documentation of lower extremity

radiculopathy to support the subjective claim. The request is therefore not medically necessary and appropriate.