

<b>Case Number:</b>	CM13-0046098		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/30/2012
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Orthopedic Surgery, 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 46-year-old female who reported an injury on 11/3/12. The patient is diagnosed with chronic migraines, cervical sprain/strain with muscle contraction headaches, and lumbar sprain/strain. The report from 4/12/13 by [REDACTED] stated that the patient presented with ongoing neck and lower back pain despite chiropractic therapy. Physical examination revealed tenderness to palpation of the greater occipital nerves and cervical paraspinal muscles, decreased range of motion, and lumbar tenderness with decreased range of motion. The patient's neurologic examination was unremarkable. Treatment recommendations included Topamax for migraine headaches and discontinuation of chiropractic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for a lumbar epidural steroid injection:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain, when used in conjunction with other

rehabilitative efforts. As per the documentation submitted, there is no evidence of radiculopathy upon physical examination. The patient's neurologic examination was unremarkable, and there is no evidence of weakness, decreased sensation, or diminished reflexes. There is also no evidence of unresponsiveness to conservative treatment including physical therapy, NSAIDS, and muscle relaxants. The medical necessity for the requested procedure has not been established. As such, the request is non-certified.