

<b>Case Number:</b>	CM13-0049646		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/18/2010
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 General Surgery and is licensed to practice in Texas. 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 is a 51-year-old male claimant who reported an alleged industrial injury on 6/18/2010 when he experienced low back pain while lifting a roll of carpet. He has been afforded conservative care including physical therapy, medications and chiropractic care. The claimant continued to have low back pain radiating to the left. However there were no objective neurologic deficits noted. The 10/23/2013 request is for Left Lumbar Epidural injection at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT LUMBAR EPIDURAL INJECTION AT L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA RADICULOPATHY.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The documentation does not reveal any red flag indications to support the use of an invasive epidural injection. There is no clear objective evidence of radiculopathy to institute an epidural injection. Furthermore, the MRI of the low back does not reveal any neurocompressive lesions to corroborate any L5-S1 radiculopathy. Therefore the requested

Epidural injection does not meet ACOEM criteria or CA MTUS criteria for epidural injections.  
This request remains not certified.