

<b>Case Number:</b>	CM13-0062136		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	07/05/2007
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Physical Medicine & Rehabilitation 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 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:

The injured worker is a 59-year-old female who reported an injury on 07/05/2007. The mechanism of injury was not stated. Current diagnosis is lumbar spine sprain/strain. The injured worker was evaluated on 05/30/2013. The injured worker reported moderate low back pain. Physical examination of the lumbar spine revealed tenderness to palpation, decreased range of motion, normal strength, and negative instability. Treatment recommendations included a lumbar epidural steroid injection at L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR EPIDURAL STEROID INJECTION @ L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 46

**Decision rationale:** California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. There was no evidence of radiculopathy upon physical examination. There were no

imaging studies or electrodiagnostic reports submitted for review. There is also no mention of exhaustion of conservative treatment to include exercises, physical methods, NSAIDs, and muscle relaxants. Based on the aforementioned points, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically necessary.