

<b>Case Number:</b>	CM13-0063404		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/23/2011
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Pennsylvania. 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 claimant is a 28-year-old female who was injured on November 23, 2011. This was a repetitive, cumulative stress injury to the low back due to lifting. A September 17, 2013, follow-up report by [REDACTED] showed subjective complaints of low back pain with radiating pain to the lower extremity, right greater than left. Physical examination showed tenderness of the lumbar palpation and diminished range of motion with spasm. There were no documented neurologic findings. The report of a previous MRI showed L4-5 and L5-S1 facet changes with degenerative disc findings at L4-5 and L5-S1. At that time, the claimant was to undergo facet joint injections. In addition to L4 through S1 facet joint injections, [REDACTED] also recommended a L5-S1 bilateral epidural steroid injection. The claimant is noted to have already utilized one prior epidural injection with no documented benefit. This request is for the recommended bilateral 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

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

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, an epidural injection would not be indicated. The employee's clinical records do not indicate a radicular process on physical examination or imaging studies to support the procedure. California MTUS Chronic Pain Guidelines clearly indicate that documentation of radiculopathy needs to be supported on both physical examination findings and corroborated by imaging and/or electrodiagnostic testing. This individual is also documented to have no prior benefit of a previous epidural procedure. The request in this case cannot be recommended as medically necessary.