

<b>Case Number:</b>	CM13-0064647		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/06/1999
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 48 year old female has a date of injury 9/6/99. Exam notes from 11/6/13 demonstrate patient complains of neck and lower back pain with shooting pain down the right thigh and leg, shoulders, elbows, wrists, hands, and feet. Pain is associated with numbness and tingling as well as weakness in the hands and legs. Pain is an 8/10, 6 at best, 10 at its worst. Diagnosis of displacement of lumbar intervertebral disc without myelopathy. Request for 1 lumbar epidural steroid injection on L5-S1 (unspecified laterally) with fluoroscopy, as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Lumbar Epidural Steroid Injection on L5-S1 (Unspecified Laterality), with Fluoroscopy, as an Outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** Per the CA MTUS/ACOEM Low back complaints page 309, epidural injection for back pain without radiculopathy is not recommended. There is no evidence in the records of correlating radiculopathy without MRI imaging in the records. Therefore the determination is for non-certification.