

<b>Case Number:</b>	CM14-0005526		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 39-year-old female who was injured on September 12, 2012. A progress note dated October 17, 2013 reflects the injured presents with continued low back pain rated as 8/10 with medications. Previous sacroiliac joint injections are documented as not provided. The physical examination documents a normal neurologic exam, positive facet loading to the lumbar spine, tenderness to palpation about the lumbar spine, but no documentation of radiculopathy. On December 12, 2013, the injured is documented as presenting with similar complaints. This exam documents diminished lumbar range of motion, symmetric reflexes bilaterally, normal strength of the lower extremities, and non-verifiable numbness is present in the right foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A LUMBAR EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , EPIDURAL STEROID INJECTIONS,

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (CAMTUS) outline specific criteria for utilization of epidural steroid injections. Based on the clinical documentation provided, there is insufficient information to warrant the medical necessity of the request. Specifically, the number of levels, and location of injections are not provided. Additionally, radiculopathy was not identified at the most recent examination. As such, the request is considered not medically necessary.