

<b>Case Number:</b>	CM14-0102883		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 57 year-old female who was reportedly injured on 3/20/2013. The mechanism of injury is noted as a fall. The most recent progress note dated 6/10/2014. Indicates that there are ongoing complaints of low back pain that radiates down the left lower extremity. The physical examination demonstrated lumbar spine: positive tenderness to palpation bilateral lumbar spine at L4-5 and S1. Limited range of motion with pain. Straight leg raise at 35 causes pain that radiates into the left buttock and foot. Decreased sensation to light touch medial aspect of the left calf/foot. Pale palpation the 1st, 2nd, and 3rd metatarsals of the left foot. No recent diagnostic studies are available for review. Previous treatment includes previous epidural steroid injection, physical therapy and medications. A request had been made for lumbar epidural steroid injection transforaminal level L5 S1 and was not certified in the pre-authorization process on 6/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Lumbar (lower back) epidural steroid injection; left Transforaminal at L5-S1 as well as S1 X1 as outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the California Medical Treatment Utilization Schedule guidelines. Specifically, there is no documentation of (radiculopathy). As such, the requested procedure is deemed not medically necessary.