

<b>Case Number:</b>	CM14-0108718		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 43-year-old male who was reportedly injured on 2/14/2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 6/19/2014, indicated that there were ongoing complaints of low back pain that radiated into the right lower extremity and also right shoulder pain. The physical examination was handwritten and stated the injured worker had difficulty standing from a seated position. There was a positive straight leg raise on the right leg. There was also limited lumbar spine range of motion. Weakness was noted of the right ankle. No recent diagnostic studies are available for review. Previous treatment included chiropractic care, physical therapy, epidural steroid injection, medication and conservative treatment. A request was made for epidural steroid injection right transforaminal at L4-L5 and L5-S1 and was not medically necessary in the pre-authorization process on 6/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right transforaminal Epidural Steroid Injection BodyPart L/S L-4-L5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009 Page(s): 46 of 127.

**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 MTUS guidelines. Specifically, there is no documentation of radiculopathy on physical exam, as well as corroborative findings on diagnostic study. As such, the requested procedure is deemed not medically necessary.