

<b>Case Number:</b>	CM14-0014061		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	12/10/2009
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Occupational Medicine 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 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:

This is a 53-year-old female patient with a 12/10/09 date of injury. 1/8/14 medical record indicates persistent low back pain radiating to the right lower extremity. Physical exam demonstrates lower lumbar tenderness, decreased sensation in the right cough with decreased strength in the right lower extremity. 11/11/14 rubber support indicates decreased sensation in the L4-5 dermatomes of the right leg with weakness with dorsi and plantar flexion on the right. Treatment to date has included medication, physical therapy, activity modification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **L5-S1 EPIDURAL STEROID INJECTION (ESI) RFA 1-10-14 QTY: 1.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. However, a formal imaging report indicating degree and extent of frank nerve root

compromise was not made available for review. Therefore, the request for a L5-S1 Epidural steroid injection (ESI) RFA 1-10-14 qty: 1.00 is not medically necessary.