

<b>Case Number:</b>	CM14-0015056		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Orthopaedic 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 records presented for review note that this 59-year-old individual was injured in October, 2012. A request for epidural steroid injection was not certified in January, 2014. A previous request for a radiofrequency ablation was not certified in August, 2013. The reported mechanism of injury is reported as a slip and fall resulting in a low back injury and a possible brachial radiculitis. There is some noted stiffness and weakness noted in the lower extremity but there is no objectification of a verifiable radiculopathy presented. Previous treatment has included physical therapy and acupuncture. Multiple medications have been employed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT L4-L5 TRANSFORAMINAL 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: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES., CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46/127.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CAMTUS) allows for epidural steroid injections when radiculopathy is documented and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. There is no electrodiagnostic or physical examination evidence to suggest or objectify a verifiable radiculopathy. The request is not medically necessary.