

<b>Case Number:</b>	CM14-0127586		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 records presented for review, indicate that this 61-year-old female was reportedly injured on 7/19/2013. The mechanism of injury was not listed. The most recent progress note, dated 3/21/2014, indicated that there were ongoing complaints of low back pain that radiated into the bilateral lower extremities. The physical examination was handwritten. It revealed the lumbar spine had decreased active range of motion with flexion 30, extension 8, right 10, left 10, and with pain with all range of motion. Positive straight leg raise bilaterally. Positive Kemp's test bilaterally. Positive tenderness to palpation right more than left at the paravertebral muscles, and SI joint, gluteus, psoas, and anterior inguinal pain. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request had been made for epidural steroid injection bilateral L4-L5 and L5-S1 and was not certified in the pre-authorization process on 7/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 bilateral L4 - L5 and L5 -S1 transforaminal epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Epidural Steroid Injections (ESIs).

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

**Decision rationale:** MTUS 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 MTUS guidelines. Specifically, there is no documentation of radiculopathy on physical exam. As such, the requested procedure is deemed not medically necessary.