

<b>Case Number:</b>	CM14-0132633		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Texas. 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:

Medical records reflect the claimant is a 56 year old male who sustained a work injury on 1-3-13. Office visit on 8-6-14 notes the claimant reports pain in the neck, low back and left knee, but the pain in the low back is worsening. The claimant reports muscles spasms and sharp stabbing pain at the right sacroiliac joint. He rates his pain as 7/10. He continues to have radiation into the lower extremity. On exam, the claimant has decreased range of motion of the lumbar spine, tenderness to palpation, right greater than left and tenderness at the right sacroiliac joint. SLR is positive on the right at 60 degrees to posterior thigh. Strength is 5/5, decreased sensation and strength at 4/5 on the right at L4, L5 and S1. DTR are 1++ bilaterally at the patellar and Achilles tendons.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injections, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter - epidural steroid injection

**Decision rationale:** Chronic Pain Medical Treatment Guidelines reflect that epidural steroid injection is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). This claimant has a normal electrodiagnostic testing and no objective findings of radiculopathy on exam. Therefore, the medical necessity of this request is not established.