

<b>Case Number:</b>	CM14-0159111		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	07/02/2010
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Florida. 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 patient is a 64 year old female who was injured on 7/2/2010. The diagnoses are low back and left shoulder pain. The past surgery history is significant for left shoulder arthroscopy. The X-ray of the lumbar spine showed degenerative disc disease. The 1/26/2014 MRI of the lumbar spine showed L5-S1 disc bulge, neural foraminal stenosis and facet arthropathy. On 8/18/2014, [REDACTED] noted subjective complaints of low back pain radiating to the lower extremities. There was associated numbness sensation. The objective findings were positive for tenderness over the lumbar spine, decreased deep tendon reflexes and paresthesia along the L4, L5 and S1 dermatomes. A Utilization Review determination was rendered on 9/2/2014 recommending non certification for lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 lumbar epidural injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

**Decision rationale:** The CA MTUS and the ODG recommend that epidural steroid injections can be utilized for the treatment of lumbar radicular pain when conservative treatments have failed. The records indicate that the patient have subjective, objective and radiological findings consistent with lumbar radiculopathy. The patient have completed medications management and PT. The criteria for lumbar epidural steroid injection were met. Therefore the request is medically necessary.