

<b>Case Number:</b>	CM14-0064833		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/16/2009
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 47-year-old male was reportedly injured on March 16, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 1, 2014, indicates that there are ongoing complaints of right sided low back pain as well as left elbow pain. The physical examination demonstrated decreased lumbar spine range of motion and a normal lower extremity neurological examination. There was also tenderness at the lateral epicondyle of the left elbow. Diagnostic imaging studies of the lumbar spine revealed and L5-S1 disc herniation. Previous treatment is unknown. A request had been made for injection foramen epidural to lumbar spine and was not certified in the pre-authorization process on April 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection foramen epidural to lumbar spine.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low back-Facet injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the criteria for an epidural steroid injection includes the presence of radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The most recent progress note dated April 1, 2014, states that there is no evidence of a radiculopathy on physical examination. Furthermore this request does not indicate which levels are intended to be injected. For these reasons, this request for injection foramen epidural to the lumbar spine is not medically necessary.