

<b>Case Number:</b>	CM14-0068010		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/21/2011
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 40-year-old individual was reportedly injured on November 21, 2011. The mechanism of injury was noted as a lifting type event. The most recent progress note, dated April 16, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated the injured employee to be in no acute distress. The cranial nerves were to be intact. Motor function was to be 5/5. Tendon reflexes were to be symmetrical in both the upper and lower extremities, and no sensory losses noted. An electrodiagnostic study was completed in June 2013 and noted to be a normal study. Diagnostic imaging studies did not objectify any acute osseous abnormalities. Previous treatment included medications, physical therapy and conservative care. A request had been made for epidural steroid injections 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:

**Bilateral L4-S1 transforaminal epidural steroid injection under fluoroscopy times two:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

**Decision rationale:** MTUS guidelines support cervical 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 treatment. Review of the available medical records documents conservative treatment has consisted of only medications. The claimant has not undergone physical therapy and there is no objectification of a verifiable radiculopathy. Therefore, this request is not considered medically necessary.