

<b>Case Number:</b>	CM14-0099181		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	11/03/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Arizona. 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 58-year-old female who suffered a work-related injury on 11/03/2011 causing her back pain. She has undergone an MRI of the lumbar spine which exhibited disc degeneration and a small 4 mm disc protrusion at the L4-5 level. She was evaluated by the treating physician in April, 2014. The patient was complaining of low back and lower extremity pain. Neurological examination was found to be normal. The treating physician recommended epidural injections. It was not approved by the reviewing physician on 5/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inject Spine Lumbar/Sacral Outpatient:** Upheld

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

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

**Decision rationale:** The requested caudal epidural injection is not indicated in this patient for several reasons as stated in the guidelines. There is no definite documentation of lumbosacral radiculopathy. The small disc protrusion is not demonstrated as compressing the nerve root. Electrodiagnostic testing has not been performed. The neurological examination of this patient is

normal. The patient has not undergone a trial of physical therapy, exercise or medications. As such, the request is not medically necessary.