

<b>Case Number:</b>	CM14-0099844		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/02/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 39-year-old female was reportedly injured on October 2, 2011. The mechanism of injury that occurred was a slip and fall. The most recent progress note, dated February 4, 2014, indicated that there were ongoing complaints of low back pain. The physical examination was not reported. Diagnostic imaging studies noted a disc herniation at L5-S1. Previous treatment included multiple evaluations, and medications. A request had been made for an injection and was not certified in the pre-authorization process on May 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal steroid epidural injection left L4-L5 level using fluoroscopy:** Upheld

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

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

**Decision rationale:** As noted in the MTUS, such injection therapies are recommended as an option when radicular pain is noted to be in a dermatomal distribution and corroborated based on a verifiable radiculopathy and noted on electrodiagnostic studies. The medical records presented

for review do not establish that there is a verifiable radiculopathy. According, there is insufficient clinical evidence presented to support the medical necessity of this request.