

<b>Case Number:</b>	CM14-0097160		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/14/2012
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 California. 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 July 14, 2012. The mechanism of injury was noted as attempting to move a patient. The most recent progress note, dated June 20, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated decreased lumbar spine range of motion and tenderness along the right iliolumbar ligament, decreased sensation to light touch at the dorsum of the right foot and decreased right ankle reflexes, decreased strength with the right dorsiflexor, and right extensor hallucis longus. Diagnostic nerve conduction studies of the lower extremities were normal. An MRI of the lumbar spine, dated December 11, 2012, was reported to be normal. Previous treatment included physical therapy and oral medications. A request was made for a right sided epidural steroid injection at L4 to L5 and L5 to S1 and was not certified in the preauthorization process on June 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Epidural Steroid Injection L4, L5 and S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 46 OF 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the criteria for an epidural steroid injection includes that a radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. While there are signs of a radiculopathy on the physical examination June 20, 2014, an MRI of the lumbar spine, dated December 11, 2012, was stated to be normal. As such, this request for a right to sided epidural steroid injection at L4 to L5 and L5 to S1 is not medically necessary.