

<b>Case Number:</b>	CM15-0018069		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 injured worker is a 47-year-old female, who sustained an industrial injury on November 1, 2010. She has reported back pain. The diagnoses have included sciatica, displacement of intervertebral disc without myelopathy, lumbago, and status post left lumbar 5-sacral 1 decompression. Treatment to date has included MRI, steroid injection, epidural steroid injection, work modifications, acupuncture, TENS (transcutaneous electrical nerve stimulation), physical therapy, heat/ice, stretching, and oral steroid, non-steroidal anti-inflammatory, and muscle relaxant medications. On January 9, 2015, the treating physician noted back and right leg pain. The physical exam revealed tenderness of the mid-lumbar spine. The treatment plan included non-steroidal anti-inflammatory and muscle relaxant medications, heat/ice, stretching, and a steroid injection. On January 19, 2015, Utilization Review non-certified a request for Depomedrol 60mg IM (intramuscular) injection, QTY: 1, noting the lack of sufficient objective documentation of radicular pain, and the lack of sufficient documentation of failed guidelines supported treatment or contraindications for first line therapy. The Official Disability Guidelines (ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Depo-Medrol 60 MG IM Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epidural steroid injections, diagnostic <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, Epidural Steroid Injection is recommended in case of acute radiculopathy. Intramuscular steroid injection is not recommended in case of acute or chronic back pain. Therefore, the request for Depo-Medrol 60mg IM Injection is not medically necessary.