

<b>Case Number:</b>	CM13-0027697		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Minnesota. 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 injured worker is a 30-year-old female who reported an injury on 07/11/2013 due to an industrial injury at work. The injured worker complained of low back, pain in the right buttock and right posterior thigh. The physical examination was done on 09/04/2013 revealed significant decreased lumbar range of motion, tenderness in the lumbar region with muscle spasms, positive left straight leg raise and intact motor and sensory reflex functions of the lower extremities. It was noted the injured worker attended physical therapy and it was very beneficial. The injured worker's medication included Ibuprofen, Tramadol, Flexril, Hydrocodone, Robaxin, Medrol Dosepak, Indomethacin and nortriptyline. The injured work diagnoses included lumbosacral, radiculitis, lumbar herniated disc, and a lumbar and thoracic sprain. The injured worker had lumbar spine films date unknown and no report available revealed no acute fracture noted. The treatment plan included a lumbar epidural steroid injection at unspecified level. The authorization for request was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION AT UNSPECIFIED LEVEL:** Upheld

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

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

**Decision rationale:** The request for the lumbar epidural steroid injection at unspecified level is not medically necessary. Per the California Medical Treatment Utilization Schedule (MTUS) guidelines recommend epidural steroid injections for injured workers with radiculopathy documented on physical examination, diagnostic testing and corroborated by MRI studies. The guidelines also recommend that the injured workers fail initial conservative care. The guidelines also recommend a strengthening and conditioning program. In addition, there was no documentation of failed conservative therapies such as, and /or medication management strengthening/ conditioning and home exercise program workout program. There was no evidence of neurological deficits and it was noted that conservative care physical therapy was very beneficial to the injured worker. In addition, a positive left straight leg test raise is not a consistent finding to finding to identify radiculopathy. The request for the lumbar epidural steroid injection at unspecified level for the injured worker does not meet MTUS guidelines. As such, the request is not medically necessary.