

<b>Case Number:</b>	CM14-0107977		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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:

Medical Records reflect a 44 year old male with a work related injury dated 3-11-14. On this date, he was lifting a heavy patient and began to develop low back pain. He reported he has had low back pain since 2006. He has had an epidural steroid injection in the past in 2010 with minimal effect. Office visit from 4-24-14 and 5-5-14 notes the claimant reported low back pain with radiation to the left leg. He reports that his pain is unbearable. On exam, He had normal gait, tenderness to the low back, positive SLR to the left, muscle strength was 5/5, sensation was normal. The claimant was provided a diagnosis of lumbar radiculopathy. On 5-9-14, the claimant was provided with a L5-S1 epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Retrospective Lumbar Epidural Steroid Injection L5-S1 performed on 5/9/14: 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 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar spine - epidural steroid injection.

**Decision rationale:** Medical Records reflect a claimant with low back pain and left leg radiating pain who has been treated with medications and physical therapy. On 5-9-14, the claimant was provided with L5-S1 epidural steroid injection. Current treatment guidelines reflect that in order to perform an epidural steroid injection radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Medical Records reflect that on exam, the claimant has 5/5 strength, no sensory loss. There is an absence in the records noting the claimant has radiculopathy, as required in order to treat the claimant with an epidural steroid injection. Therefore, based on the records provided, the provided L5-S1 epidural steroid injection was not supported. The request is not medically necessary.