

<b>Case Number:</b>	CM14-0113741		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/27/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 injured worker is a 30-year-old male who reported an injury on 07/27/2013 due to and unknown mechanism. Diagnosis was disc protrusion, lumbar. Past treatments were not reported. Diagnostic studies were not reported. Past surgical history was not reported. The injured worker had a physical examination on 06/02/2014 with complaints of constant, moderate low back pain; stiffness; and cramping. Physical examination of the lumbar spine revealed range of motion was decreased and painful. Flexion was to 40 degrees, extension was to 10 degrees, and left lateral bending was to 15 degrees, right lateral bending was to 15 degrees. There was +3 tenderness to palpation of the lumbar paravertebral muscles. Kemp's caused pain bilaterally. Medications were not reported. Treatment plan was for a lumbar epidural steroid injection (unspecified level). The rationale and Request for Authorization were not submitted for 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 (Unspecified Level): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

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

**Decision rationale:** The California MTUS Guidelines recommend for an epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment, including exercise, physical therapy, and NSAIDs and muscle relaxants. No more than 2 nerve root levels should evidence-based injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 sessions. There were no diagnostic studies to corroborate the findings of radiculopathy. Medications were not reported. Past conservative care modalities were not reported. The request does not indicate the level for injection. Therefore, the request for lumbar epidural steroid injection (unspecified level) is not medically necessary.