

<b>Case Number:</b>	CM14-0151986		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 41-year-old male who reported an injury on March 07, 2014. The mechanism of injury was not submitted for clinical review. The diagnoses included lumbar strain, and lumbar degenerative disc disease. The previous treatments included medication, TENS unit, physical therapy, and acupuncture. The diagnostic testing included a lumbar MRI. Within the clinical note dated June 24, 2014 it was reported the injured worker complained of low back pain with left lower radiation. He rated his pain 7/10 in severity and described the pain as dull, progressing to stabbing. In the physical examination the provider noted range of motion was noted to be flexion at 80 degrees, extension at 20 degrees. There was a positive Bechterew's and Kemp's test on the right side of the low back. The request submitted is for lumbar epidural steroid inject at the right L5, however, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical 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 (right L5): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI) Page(s): 46.

**Decision rationale:** The request for a lumbar epidural steroid injection is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination corroborated by imaging studies and/or electrodiagnostic study testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs, and muscle relaxants. The guidelines recommend if epidural steroid injections are used for diagnostic purposes, a maximum of 2 injections should be performed. There is lack of imaging studies to corroborate the diagnoses of radiculopathy. The documentation submitted did not indicate the injured worker had tried and failed and been unresponsive to conservative therapy. Therefore, the request is not medically necessary.