

<b>Case Number:</b>	CM14-0158331		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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:

This 41 year-old patient sustained an injury on 3/12/13 while employed by [REDACTED]. Request under consideration includes One (1) lumbar epidural steroid injection at L5-S1. Diagnoses include Lumbar disc displacement. Conservative care has included medications, therapy, and modified activities/rest. Report of 6/25/14 from the provider noted the patient with chronic ongoing right leg pain with clicking sensation in the lower back when bending and stopping. Exam showed positive straight leg raise (SLR) on right leg for radiating pain; decreased thoracolumbar range; normal motor strength of 5/5; normal deep tendon reflexes (DTRs); reduced reflexes on right gastrocnemius; otherwise with normal right patellar reflexes. The request(s) for One (1) lumbar epidural steroid injection at L5-S1 was non-certified on 8/28/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) lumbar epidural steroid injection at L5-S1: Upheld**

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, which is not provided here. Submitted reports have not demonstrated any radicular symptoms, neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria have not been met or established. The One (1) lumbar epidural steroid injection at L5-S1 is not medically necessary and appropriate.