

<b>Case Number:</b>	CM14-0178972		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	11/29/2007
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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, has a subspecialty in Interventional Spine 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 26 year old female with an injury date of 11/29/07. Based on the 10/07/14 progress report provided by [REDACTED] the injured worker complains of low back pain that radiates to left leg. Physical examination to the lumbar spine revealed decreased range of motion, positive straight leg raise and left L5-S1 sensory/motor deficit. Treating physician has not documented previous treatments, nor provided imaging/electrodiagnostic studies. Injured worker is temporarily totally disabled. Toxicology report dated 10/07/14 indicates urine drug screen has been performed, which suggests the injured worker has been prescribed opioids for chronic pain. Diagnosis 10/07/14- lumbar sprain/strain- lumbar disc herniation [REDACTED] is requesting Lumbar Epidural Steroid Injection L5-S1. The utilization review determination being challenged is dated 10/17/14. The rationale is "no information regarding previous treatments." [REDACTED] is the requesting provider and he provided treatment reports dated 10/07/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumber Epidural Steroid Injection L5-S1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 46, 47.

**Decision rationale:** MTUS has the following regarding ESI's, under its chronic pain section: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Injured worker has radicular symptoms to the left leg. Physical examination to the lumbar spine on 10/07/14 revealed decreased range of motion, positive straight leg raise and left L5-S1 sensory/motor deficit. However, treating physician has not provided imaging/electrodiagnostic studies. According to MTUS, ESI's are not recommended unless the injured worker's radicular symptoms are corroborated by imaging/electrodiagnostic studies. The request does not meet guideline criteria. The request for Lumbar Epidural Steroid Injection is not medically necessary.