

<b>Case Number:</b>	CM14-0044333		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Texas. 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 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 55-year-old male who reported an injury on 9/20/11; the mechanism of injury was not provided for review. The documentation of 1/8/14 revealed that the injured worker had an abnormal EMG study. There was electrodiagnostic evidence of right L5 radiculopathy with no electrodiagnostic evidence of right lower extremity plexopathy or mononeuropathy. The documentation of 2/17/14 revealed that the injured worker had decreased range of motion in the lumbosacral back. There was a positive straight leg raise bilaterally. The diagnosis included lumbosacral radiculopathy and lumbosacral sprain/strain. The request was made for electroacupuncture and an epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** The California MTUS guidelines recommend epidural steroid injections when there are objective findings of radiculopathy by physical examination that are corroborated by imaging studies and/or electrodiagnostic testing, and the pain is initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated that the injured worker had objective findings upon EMG. While it was noted the injured worker had a positive straight leg raise test, there was lack of documentation indicating the injured worker had radiating pain with the straight leg raise. There was lack of documentation of failure of conservative care. The request as submitted failed to indicate the laterality, as well as the level for the injection. Given the above, the request for lumbar epidural steroid injection is not medically necessary.