

<b>Case Number:</b>	CM14-0137678		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39-year-old female who reported an injury on 05/21/2013 due to an unspecified mechanism of injury. On 06/17/2014, she presented for a followup evaluation regarding her low back pain. She reported that she had low back pain that radiated into the left calf and foot and described the pain as burning, numbness, shooting, and stabbing. A physical examination showed that she walked with a limp and had max tenderness at the piriformis. Motion was noted without pain, crepitus, or evidence of instability. Motor testing with straight leg raise caused back pain only bilaterally. Range of motion was noted to be 35 degrees with lateral flexion bilaterally and with extension on the right, and 80 degrees of flexion on the right with full rotation and pain free rotation. She was diagnosed with degenerative disc disease of the lumbar spine, cervicalgia, sciatica, and myofascial pain. The treatment plan was for an epidural steroid injection. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection (LESI):** 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 ESI  
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**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections for those who have symptoms of radiculopathy by clinical examination that are corroborated with imaging studies and/or electrodiagnostic testing. It is also stated that there should be evidence that the injured worker has tried and failed all recommended conservative care options and injections should be performed using fluoroscopic guidance. The documentation provided does not indicate that the injured worker has tried and failed all recommended forms of conservative therapy to support the request. Also, official MRI studies were not provided for review to show that there is evidence of radiculopathy and the injured worker did not have any evidence of radiculopathy by examination. Furthermore, the level at which to be injected and documentation showing that the injection would be performed using fluoroscopic guidance were not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.