

<b>Case Number:</b>	CM14-0192736		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Rehab 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 is a 45-year-old female with a date of injury of 2/27/14. Mechanism of injury was a bench she was sitting on collapsing, causing her to get pinned under the bench and struggling to get out from under the bench. She had injury to the low back and developed radicular symptoms to the right lower extremity. The patient failed conservative measures, and was referred to an orthopedist on 8/08/14. Ortho noted reduced sensation at the right foot and a positive Lasegue's on the right. MRI was done and showed a 7 mm herniated disc at L5-S1. Electrodiagnostic studies were also done and demonstrated a right L5 radiculopathy. The patient was referred to a pain management specialist on 9/16/14, and ESI was recommended. Diagnoses were lumbar degenerative disc disease, lumbar disc herniation and right L5 radiculopathy. Recommendations were made for a lumbar ESI. This was referred to Utilization Review with an adverse determination rendered on 11/10/14. While the decision for non-certification is provided, the actual rationale for the denial is not submitted in records reviewed by this IMR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection under fluoroscopic guidance:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection. Decision based on Non-MTUS Citation ACOEM Guidelines

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

**Decision rationale:** Guidelines support ESI procedures in patients with a clear clinical picture that is suggestive of the diagnosis of radiculopathy, and corroborated by exam, imaging, and/or electrodiagnostics. The patient must have failed conservative care. In this case, the patient has radicular symptoms that have failed initial conservative measures that have included medications and PT. She has an MRI that shows a 7 mm disc herniation and an EMG that suggests a right L5 radiculopathy. Exam shows findings consistent with the clinical diagnosis. Medical necessity for a lumbar epidural steroid injection is established.