

<b>Case Number:</b>	CM15-0006422		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	06/07/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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 29-year-old male with a reported date of injury on 06/07/2014; the mechanism of injury is not provided for review. The diagnoses include lumbar strain, lumbar disc injury, lumbar radiculopathy, and lumbar myofascial pain syndrome. The injured worker's treatments to date include medication. An electrodiagnostic studies performed on 12/08/2014 was noted to reveal evidence suggestive of left S1 radiculopathy. The clinical note dated 12/30/2014 noted that the injured worker had continued complaints of low back pain. On physical examination, the lumbar range of motion was decreased and motor strength was measured 5/5. It was also noted that there was a positive straight leg raise examination. It was noted at that time that the physician was awaiting approval for lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar steroid injection under fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to California MTUS Treatment Guidelines, epidural steroid injections may be recommended for patients who have radiculopathy that is documented via physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be unresponsive to conservative treatment to include exercise, physical therapy, NSAIDs, and muscle relaxants. There is a lack of evidence within the documentation that the injured worker had attempted adequate conservative treatment to include physical therapy and a home exercise program. Additionally, there was a lack of objective evidence of radiculopathy to a specific dermatome via physical examination. Furthermore, it remains unclear at what level the epidural steroid injection is being recommended and whether it is a bilateral or right versus left. Moreover, there is no rationale provided for this request. Therefore, the request for lumbar steroid injection under fluoroscopy guidance is not medically necessary.