

<b>Case Number:</b>	CM15-0010720		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45-year-old male, with a reported date of injury of 05/15/2014. The diagnoses include lumbar myalgia, lumbar myospasm, lumbar neuritis/radiculitis, and sacrum sprain/strain. Treatments to date have included physical therapy, electrodiagnostic studies, an MRI, an x-ray, computerized tomography (CT) scan, and oral medication. Currently, the injured worker complains of constant neck and back pain and headaches. The orthopedic evaluation report dated 11/21/2014 indicates that the injured worker rated the neck and back pain 7-8 out of 10. An examination of the lumbar spine showed tenderness, guarding, and spasm of the paravertebral region bilaterally; trigger points in the lumbar paraspinal muscles bilaterally; decreased muscle strength with range of motion; restricted range of motion due to pain and spasm; and decreased sensation at L4, L5, and S1 bilaterally. The medical report from which the request originates was not included in the medical records. The treating physician requested a lumbar epidural steroid injection at L2-3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection L2-3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant is nearly one year status post work-related injury and continues to be treated for chronic neck and radiating low back pain. Although there is reference to testing including MRI, CT, and EMG/NCV, no results related to the lumbar spine are documented. When seen, there was decreased and painful lumbosacral range of motion with spinal weakness and decreased lower extremity sensation. Criteria for the use of an epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, there are no test results documented that would support a diagnosis of lumbar radiculopathy and therefore the requested epidural steroid injection was not medically necessary.