

<b>Case Number:</b>	CM15-0014369		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	01/03/1994
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 60-year-old male who sustained an industrial injury on 01/03/94. He complains of low back, leg and knee pain. On 10/06/14, he underwent a caudal epidural block, which provided good pain relief. Treatments to date include medications and ESI. Diagnoses include low back pain, chronic pain syndrome, and myalgia. In a progress note dated 11/13/14, the treating provider reports he gets adequate pain control to allow increased functional mobility and increased activities of daily living. On 12/18/14 Utilization Review non-certified a lumbar ESI, citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Epidural Steroid Injection x1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46 of 127..

**Decision rationale:** The California MTUS guidelines indicate that the criteria for the use of epidural steroid injections includes the presence of radiculopathy that is documented by physical examination and corroborated by imaging and/or electrodiagnostic testing. The most recent progress note dated January 8, 2015 does including subjective complaint of radicular symptoms in the left lower extremity. However there was a normal neurological examination on this date. There is also no attached report of an MRI of the lumbar spine indicating potential neurological involvement. For these reasons, this request for a lumbar spine epidural steroid injection is not medically necessary.