

<b>Case Number:</b>	CM15-0132341		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 46 year old male, who sustained an industrial injury on March 6, 2014, incurring low back injuries after heavy lifting. He was diagnosed with lumbar degenerative disc disease, lumbar stenosis and lumbar disc herniation. Treatment included physical therapy, pain medications, muscle relaxants, anti-inflammatory drugs, proton pump inhibitor, back bracing, and work restrictions. Currently, the injured worker complained of persistent low back pain causing swelling and stiffness with 50% limited range of motion. He noted low back pain radiating into the bilateral lower extremities. The treatment plan that was requested for authorization included a 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 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 8 C.C.R.MTUS (Effective July 18, 2009) Page(s): 47 of 127.

**Decision rationale:** This claimant was injured in 2014 with low back injuries after heavy lifting. He was diagnosed with lumbar degenerative disc disease, lumbar stenosis and lumbar disc herniation. Treatment included physical therapy, pain medications, muscle relaxants, anti-inflammatory drugs, proton pump inhibitor, back bracing, and work restrictions. Currently, the injured worker complained of persistent low back pain causing swelling and stiffness with 50% limited range of motion. He noted low back pain radiating into the bilateral lower extremities. No specific neurologic dermatomes are noted corresponding to imaging findings of disc herniation. The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing is not met. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous ESI do not meet this criterion. The request appears appropriately not medically necessary based on the above.