

<b>Case Number:</b>	CM15-0136231		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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 51 year old male, who sustained an industrial injury on 10/30/2013. He reported low back pain due to heavy lifting. Diagnoses have included lumbosacral sprain-strain, lumbosacral disc injury, lumbosacral radiculopathy and myofascial pain syndrome. Treatment to date has included physical therapy, magnetic resonance imaging (MRI), acupuncture, lumbar injections with no improvement (6/11/2014) and medication. According to the progress report dated 6/23/2015, the injured worker complained of low back and leg pain. Objective findings revealed decreased lumbosacral motion. Straight leg raise testing was positive bilaterally. There was a trigger point in the lumbosacral paraspinal musculature. Current medications included Percocet and Mobic. Authorization was requested for 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 at L5-S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47 of 127.

**Decision rationale:** This claimant was injured in 2013 with lumbosacral sprain-strain, lumbosacral disc injury, lumbosacral radiculopathy and myofascial pain syndrome. There were past lumbar injections with no improvement (6/11/2014) and medication. There is still low back pain. Straight leg raise testing was positive bilaterally, but the degree is not noted. There is no MRI showing disc protrusion corresponding to dermatomal radiculopathy. 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 electrodiagnostic 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 is not medically necessary based on the above.