

<b>Case Number:</b>	CM15-0139724		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	05/19/1982
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, 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 78 year old male, who sustained an industrial injury on 5/19/1982. The medical records submitted for this review did not include documentation regarding the details of the initial injury or prior treatments to date. Diagnoses include lumbar radiculopathy, status post lumbar surgery. Currently, he complained of pain in the left hip region. On 6-8-15, the physical examination documented no acute physical findings. The plan of care included lumbar epidural steroid injection to L3-L4 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-L4 lumbar epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, ESI.

**Decision rationale:** The medical records reported symptoms of back pain but does not indicate previous treatment or outcome. The medical records do not indicate physical examination

findings or symptoms of radicular pain. ODG guidelines support ESI for (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. As the medical records do not document the presence of objective findings, they do not support performance of an ESI procedure. The request is not medically necessary.