

<b>Case Number:</b>	CM15-0140130		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	12/11/2013
<b>Decision Date:</b>	08/31/2015	<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: California  
 Certification(s)/Specialty: Emergency 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 44 year old male, who sustained an industrial injury on December 11, 2013. He reported hitting his head and injuring his right shoulder in a fall from a ladder. Treatment to date has included chiropractic therapy, surgical evaluation, diagnostic imaging and medications. Currently, the injured worker complains of constant pain in the back, upper back and bilateral knees. On physical examination the injured worker exhibits a normal gait and he has no increase in back pain with heel-toe walking. He has no tenderness to palpation or spasm over the bilateral lumbosacral spine. His bilateral lower extremity muscle strength is normal and he has a negative Babinski sign, Hoffman sign and clonus. The diagnoses associated with the request include lumbar myofascial sprain, and lumbar disc protrusion. The treatment plan includes lumbar epidural steroid injection, continuation of chiropractic therapy, and medications.

### 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.

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

**Decision rationale:** As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI. There is no long term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. Pt has only been noted to have undergone physical therapy and was on neurontin and is currently on elavil(for headaches) and norco. No other conservative measures include 1st line medications for claimed radicular pain has been attempted. Fails criteria. 3) Radiculopathy as defined by MTUS guidelines. Documentation fails to document appropriate neurological findings supported by imaging and electrodiagnostic criteria for radiculopathy. Patient has MRI with disc bulges but exam fails to document findings consistent with radiculopathy as defined by MTUS guidelines. Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.