

<b>Case Number:</b>	CM15-0162632		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	01/31/1994
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old male who sustained a work related injury January 31, 1994. Past history included hypertension, fibromyalgia, depression, deep vein thrombosis- right lower extremity, multiple knee and shoulder surgeries, bilateral carpal tunnel release, and cervical fusion. According to a treating physician's progress report, dated July 15, 2015, the injured worker presented for a follow-up with complaints of increasing progressive mid back pain and bilateral leg weakness. Objective findings included; lumbar spine-straight leg raise test positive on the right at 65 degrees, dorsi flexion of foot with dyesthesia, walking with use of a cane; thoracic spine- mid back pain radiating to chest wall along T7-T8. Assessments are low back pain; lumbar disc; thoracic arthritis; chronic pain syndrome; myalgia. Treatment plan included continue Kadian, Lidoderm patch, Morphine Sulfate, and start MS-Contin tablet Extended Release, and at issue, a request for authorization for 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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. Moreover MTUS does not recommend ESI treatment in a notably chronic timeframe such as this injury which dates back to 1994. This request is not medically necessary.