

<b>Case Number:</b>	CM15-0180856		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	02/11/2003
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 48 year old male who sustained an industrial injury 02-11-03. A review of the medical records reveals the injured worker is undergoing treatment for pain in the foot, leg, arm and finger; lumbago, and low back pain. Medical records (08-17-15) reveal the injured worker complains of back pain and pain down his left leg, rated at 7/10 with medication and 10/10 without medication, unchanged from 07-20-15, and worsened form 06-12-15 when his pain was rated at 4/10 with medications. The physical exam (08-17-15) reveals a lower leg deformity below knee amputation and presence of scar, tenderness at the lumbar spine and facet joint with decreased flexion noted. Prior treatment includes a new prosthetic leg, medications, and a shower chair. The treating provider reports the lumbar spine x-rays show lumbosacral "narrowing of the disk." A lumbar spine MRI (08-07-15) showed mild to moderate advanced bilateral facet arthropathy and multilevel discogenic degenerative changes. The original utilization review (09-02-15) non-certified the request 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** According to the guidelines, an ESI is recommended in those that fail conservative therapy and have imaging and physical findings consistent with radiculopathy. In this case, there is no mention of nerve root impingement or neurological abnormalities on exam that indicates radiculopathy. In addition, the ACOEM guidelines recommend against ESI due to their short-term benefit. The request for lumbar ESI is not medically necessary.