

<b>Case Number:</b>	CM15-0187341		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	12/14/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 57 year old male who sustained an industrial injury on 12-14-2013. Current diagnoses include backache unspecified, and sprain-strain lumbar region. Report dated 08-19-2015 noted that the injured worker presented with complaints that included low back pain on the right side with radiation down the right posterior thigh, and occasional numbness and tingling in the posterior thigh with muscle cramping. Other complaints included difficulty sleeping, and mid back stiffness and occasional muscle cramping. Pain level was 8 out of 10 on a visual analog scale (VAS). Physical examination performed on 08-19-2015 revealed decreased painful motion in the thoracic, and lumbar spine tenderness. Previous diagnostic studies included a lumbar MRI and EMG-NCS of the lower extremities. Previous treatments included medications, chiropractic, acupuncture, and home exercise. The treatment plan included continuing with omeprazole and home exercises, and request for lumbar epidural injection. The utilization review dated 09-16-2015, non-certified the request for lumbar epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural 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:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an epidural injection. MTUS guidelines state the following: Recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Guidelines state a repeat injection should only be offered if there is at least a 50-70% improvement for 6-8 weeks following the previous injection. There is minimal physical findings to support the presence of radiculopathy. The patient does not meet the current criteria at this time. According to the clinical documentation provided and current MTUS guidelines; an epidural injection, as stated above, is not indicated as a medical necessity to the patient at this time.