

<b>Case Number:</b>	CM15-0188211		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	09/22/2011
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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:

This is a 61 year old female with a date of injury of September 22, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral radiculopathy and sciatica. Medical records dated April 9, 2015 indicate that the injured worker complains of lumbar spine pain, radiating to the left leg and knee rated at a level of 8 out of 10. Records also indicate that the injured worker was taking Norco two to three times a day to continue with activities of daily living, and that she could only stand for a few minutes and sit for a few minutes due to pain. A progress note dated June 12, 2015 notes that the injured worker was requiring Norco and Robaxin. Per the treating physician (June 12, 2015), the employee has not returned to work. The progress note dated June 12, 2015 documented a physical examination that was noted to be "Unchanged". No other objective findings were documented in the submitted records. Treatment has included medications (Norco and Lidoderm patches since at least April of 2015; Robaxin noted in June of 2015). There were no other relevant treatments noted in the submitted records. The original utilization review (September 2, 2015) non-certified a 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 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, epidural injections are indicated for those with radiculopathy demonstrated by physical and diagnostic findings. In this case, the claimant had pain radiating to the legs, but level of cord impingement or diagnostic information is unknown. The request for epidural did not specify location or use of fluoroscopy. The request for the lumbar ESI is not medically necessary.