

<b>Case Number:</b>	CM15-0191672		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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 33 year old male, who sustained an industrial injury on 5-18-2012. The injured worker is undergoing treatment for lumbosacral strain with radiculopathy. Medical records dated 9-1-2015 indicate the injured worker complains of back pain decreased since not working and increased right side thigh pain. Exam dated 7-27-2015 indicates the injured worker continues to work at regular job and low back pain is worse with activity. Physical exam dated 9-1-2015 notes lumbosacral spasm, decreased range of motion (ROM), tight hamstrings and positive straight leg raise. The treating physician indicates on 8-10-2015 exam that "no response to several RFAs for physical therapy, Tylenol #3 and Ultracet." Treatment to date has included Ultram and activity alteration. The original utilization review dated 9-10-2015 indicates the request for lumbar epidural steroid injection X2 series is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection X2 Series:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and 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, ESI is recommended for those with radiculopathy on exam and imaging. The progress note on 4/28/15 indicated no nerve root impingement on MRI. In addition, the clinical exam did not indicate radiculopathy. The level of ESI was not specified. The request for an ESI of the lumbar spine is not medically necessary.