

<b>Case Number:</b>	CM15-0192316		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	04/20/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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 32 year old male injured worker suffered an industrial injury on 4-20-2014. The diagnoses included lumbar strain and degenerative disc with protrusion L5-S1. On 5-6-2015 and 7-24-2015 there were lumbar epidural steroid injections. On 5-18-2015, the provider continued to have low back pain that radiated into the left anterior thigh and shin to the toes along with numbness in the left foot. The lumbar spine range of motion was decreased. Prior treatment included physical therapy 6 sessions. Diagnostics included electromyography studies 3-17-2015 that revealed bilateral lower extremities consistent with a bilateral chronic L3 radiculopathy. The injured worker had 1st lumbar epidural steroid injection on 5-6-2015 with 40% to 50% improvement. The injured worker received a 2nd lumbar epidural steroid injection on 7-24-2015 but documentation of results was not included in the medical record. The Utilization Review on 9-10-2015 determined non-certification for lumbar epidural steroid injection at left L5-S1 times 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection at left L5-S1 times 1: Upheld**

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

**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 radicular findings on exam and diagnostics. In this case, the claimant had an MRI of the lumbar spine July 2014, which did not show any nerve root compromise of L5-S1. En EMG on 3/20/15 was consistent with L5 radiculopathy. Although there is numbness on the left foot, it is not correlated with the tests. The request for the ESI of L5-S1 is not medically necessary.