

<b>Case Number:</b>	CM15-0198769		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	01/17/2015
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This is a 50 year old female who sustained an industrial injury on 1-17-2015. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine 3mm disc bulge at C5-6 and right sided C6 radiculopathy and lumbar spine 3mm disc bulge at L5-S1 and right sided S1 radiculopathy. According to the progress report dated 8-12-2015, the injured worker complained of neck and back pain. Per the treating physician (8-12-2015), the injured worker was temporarily totally disabled. The physical exam (8-12-2015) revealed spasm about the lower lumbar area. Lasegue's test was positive on the right. There was point tenderness upon palpation about the lower lumbar region. There was decreased sensation to the lateral aspect of the right foot. Treatment has included physical therapy, injections and medications. The original Utilization Review (UR) (9-11-2015) denied a request for a lumbar epidural steroid injection, unspecified level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection (unspecified level): 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:** Lumbar epidural steroid injection (unspecified level) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This request cannot be certified as medically necessary as there is no specification on the request of what location or laterality for this injection. For this reason the request for epidural steroid injection is not medically necessary.