

<b>Case Number:</b>	CM15-0206633		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	01/03/2009
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old female with a date of injury on 1-3-09. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain. Emergency room report dated 8-21-15 reports severe, throbbing lower back pain with occasional incontinence. Objective findings: back range of motion is limited and tender to palpation in the lower region. EMG and nerve conduction studies 5-19-15 were normal. Treatments include: medications, physical therapy, aqua therapy, cognitive behavioral psychotherapy, bilateral laminectomy and foraminotomy 6-30-10 and lateral recess decompression 7-1-14. Request for authorization dated 9-16-15 was made for Epidural Steroid Injection lumbar spine, levels unknown. Utilization review dated 9-29-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection lumbar spine, levels unknown:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Epidural Injections.

**Decision rationale:** MTUS Guidelines have very specific criteria to support epidural injections. These criteria include an active dermatomal radiculopathy with corresponding diagnostic test results. The criteria also include specific documentation of the type and level of requested injections. These criteria have not been met, as there is no report of a dermatomal radiculopathy (there is a radiculitis-possible laminectomy syndrome) and the request lacks the necessary specificity. Epidural injections are not benign with each injection associated with an increased risk of spinal fracture. Under these circumstances, the requested lumbar epidural injection, levels unknown is not supported by Guidelines and is not medically necessary. There are no unusual circumstances to justify an exception to Guidelines.