

<b>Case Number:</b>	CM15-0022371		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	09/28/2010
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, Washington

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

### 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 47-year-old female who reported an injury on 09/25/2010. The mechanism of injury was not stated. The current diagnoses include lumbar strain, lumbar radiculitis, lumbar disc protrusion and insomnia. The injured worker presented on 11/19/2014 with complaints of persistent low back pain with difficulty sleeping. It was noted that the injured worker was taking Ambien and Motrin, and participating in a home exercise program. Upon examination, there was an antalgic gait, severe tenderness at L4-5, painful flexion, extension to 20 to 25 degrees, lateral flexion to 30 degrees, lateral rotation to 40 degrees, positive straight leg raise on the right at 25 degrees in the sitting position, intact sensation, and diminished knee and ankle reflexes on the right. Recommendations included continuation of the current medication regimen as well as a lumbar epidural steroid injection at L4-5 and L5-S1. A Request for Authorization form was then submitted on 12/19/2014.

### 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 L4-5, L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the documentation provided, the injured worker is actively participating in a home exercise program. The injured worker is also utilizing NSAIDS. However, there were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. There is no sensory or motor deficit in a specific dermatomal distribution that can be corroborated by imaging studies. Given the above, the request is not medically appropriate at this time.