

<b>Case Number:</b>	CM15-0027628		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	01/19/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Physical Medicine & Rehabilitation

### 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 36 year old woman sustained an industrial injury on 1/19/2011. The mechanism of injury is not detailed. Treatment has included oral medications, activity modification, and physical therapy. Physician notes dated 12/15/2104 show spasm, tenderness, and guarding of the paravertebral musculature of the cervical and lumbar spine. Medication therapy has been on hold as the worker is breastfeeding her infant. There is notation that the worker is scheduled for lumbar steroid epidural injection in the coming weeks. However, there is no date specified or indication listed. On 1/12/2015, Utilization Review evaluated a prescription for lumbar epidural steroid injection, that was submitted on 2/9/2015. The UR physician noted that there is no radiologic evidence of accepted spinal diagnoses at the level requested for injection. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appeal to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injections (LESI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter; and American Medical Assoc. Guides, 5th Edition, pages 382-383

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits to support the epidural injections. Clinical findings indicate pain on range of motions with spasms; however, without any motor or sensory deficits or radicular signs. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The Lumbar epidural steroid injections (LESI) is not medically necessary and appropriate.