

<b>Case Number:</b>	CM15-0210352		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	07/13/2010
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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:

The injured worker is a 49-year-old male, who sustained an industrial injury on 7-13-10. The injured worker was diagnosed as having lumbar strain. Subjective findings (6-23-15, 7-22-15 and 8-19-15) indicated 6-7 out of 10 pain in the lower back. The injured worker is working full-time. Objective findings (6-23-15, 7-22-15 and 8-19-15) revealed a normal gait. As of the PR2 dated 8-22-15, the injured worker reports stabbing pain in the bilateral legs just above the knees and lower back. Objective findings include tenderness in the paravertebral L4-L5, lumbar flexion is 70 degrees, extension is 30 degrees, lateral bending is 45 degrees bilaterally, and intact sensation to light touch at L1-L5 bilaterally. Treatment to date has included status post bilateral L3-L4 and L4-L5 foraminotomies, a TENS unit, Naproxen and Norco. The Utilization Review dated 10-7-15, non-certified the request for a pain management evaluation for possible epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management evaluation for possible epidural steroid injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** MTUS Guidelines have very specific recommend criteria to support the use of epidural injections. These criteria include the clear presence of a dermatomal radiculopathy with consistent corresponding diagnostic findings (MRI and/or electrodiagnostics). These criteria are not met in this individual. There is some leg pain, pain it is not described to be radiculopathic with dermatomal findings. There are no unusual circumstances to recommend an exception to Guidelines. Given the fact that the referral is specifically for epidural injections, the epidurals are not supported by Guidelines and are not medically necessary which leads to the direct conclusion that the Pain management evaluation for possible epidural steroid injection is not medically necessary.