

<b>Case Number:</b>	CM15-0212352		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	01/26/2015
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: Texas, Illinois  
 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 38 year old male, who sustained an industrial injury on 1-26-2015. Medical records indicate the worker is undergoing treatment for lumbar spasm and lumbosacral strain. The most recent progress report, dated 8-18-2015, reported the injured worker complained of constant low back pain. Physical examination revealed mid back pain with percussion, decreased range of motion by 25-30% and negative straight leg raise test. Lumbar magnetic resonance imaging was referenced in the progress note as showing disc disease with lumbar 5-sacral 1 neuroforaminal stenosis. Treatment to date has included physical therapy, home exercise program and medication management. The physician is requesting lumbar 5-sacral 1 epidural steroid injection, fluoroscopy and epidurography-radiological supervision and interpretation. On 10-16-2015, the Utilization Review noncertified the request for lumbar 5-sacral 1 epidural steroid injection, fluoroscopy and epidurography-radiological supervision and interpretation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection, L5-S1, Qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Epidural

steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Epidural steroid injections (ESIs) therapeutic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The injured worker sustained a work related injury on 1-26-2015. The medical records provided indicate the diagnosis of lumbar spasm and lumbosacral strain. Treatments have included physical therapy, home exercise program and medication management. The medical records provided for review do not indicate a medical necessity for Lumbar epidural steroid injection, L5-S1, Qty 1. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The medical records revealed no evidence of radiculopathy; therefore, the requested treatment is not medically necessary.

**Fluoroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The injured worker sustained a work related injury on 1-26-2015. The medical records provided indicate the diagnosis of lumbar spasm and lumbosacral strain. Treatments have included physical therapy, home exercise program and medication management. The medical records provided for review do not indicate a medical necessity for Fluoroscopy. The requested procedure is not medically necessary because it was intended to be used for epidural steroid injection, but the epidural steroid injection has been determined to be not medically necessary.

**Epidurography, radiological supervision and interpretation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The injured worker sustained a work related injury on 1-26-2015. The medical records provided indicate the diagnosis of lumbar spasm and lumbosacral strain. Treatments have included physical therapy, home exercise program and medication management. The medical records provided for review do not indicate a medical necessity for Epidurography, radiological supervision and interpretation. The requested procedure is not medically necessary because it was intended to be used for epidural steroid injection, but the epidural steroid injection has been determined to be not medically necessary.

