

<b>Case Number:</b>	CM15-0036336		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	07/15/2014
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 47 year old female who sustained an industrial injury on 07/15/2014. Diagnoses include right lumbar radiculopathy secondary to L5-S1 disc protrusion, and right shoulder strain. Treatment to date has included medications, chiropractic sessions, physical therapy, and diagnostics. A physician progress note dated 01/30/2015 documents the injured worker complains of severe low back pain which is a sharp pain that radiates into the buttocks. She also has right shoulder pain with numbness, tingling and weakness down the right arm. A Magnetic Resonance Imaging done on 10/08/2014 noted moderated facet arthropathy in the lower lumbar area with anterolisthesis of L4 relative to L5, Grade I. There appears to be an adnexal mass as well. Also at L5-S1 there was a small right paracentral disc protrusion. He has lumbar radicular pain with intermittent numbness, weakness, and a sense of paralysis of her legs. Treatment requested is for Outpatient lumbar epidural injection at the right L5-S1 level. There is diffuse tenderness in the midlumbar area and pain in the right buttock area and pain on straight leg rising on the right. On 02/17/2015 Utilization Review non-certified the request for outpatient lumbar epidural injection at the right L5-S1 level and cited was California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient lumbar epidural injection at the right L5-S1 level: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 45.

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

**Decision rationale:** Outpatient lumbar epidural injection at the right L5-S1 level is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines the MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The physical exam findings do not support evidence of radiculopathy in the L5-S1 levels corroborated by imaging studies therefore this request is not medically necessary.