

<b>Case Number:</b>	CM15-0042852		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	08/31/2011
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Utah, Arkansas  
 Certification(s)/Specialty: Family Practice

### 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 45 year old male, who sustained an industrial injury on August 31, 2011. The diagnoses have included low back pain, lumbar disc displacement, lumbar radiculopathy and post laminectomy syndrome lumbar spine. Treatment to date has included ice, heat, Non-steroidal anti-inflammatory drug , physical therapy, narcotics, anti-inflammatories, muscle relaxers, has had X-ray, Magnetic resonance imaging and electromyogram and nerve conduction study. Currently, the injured worker complains of low back pain that radiates to bilateral lower extremity, weakness, heaviness, numbness, tingling, spasm left foot drop and unstable gait without assistant device. In a progress note dated January 15, 2015, the treating provider reports examination revealed paralumbar spasm is two plus, tenderness to palpation on the right, atrophy is present in the quadriceps, decreased range of motion, positive straight leg raising, and lower extremity deep tendon reflexes are absent at the knees, and ankles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 lumbar steroid injection/epidurography/monitored anesthesia:** Upheld

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

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

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an epidural injection. MTUS guidelines state the following: Recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. The patient has undergone previous injections, but it is unclear when this was done or how many were performed. It is stated this only helped temporarily. He has undergone surgery, if it is unclear if there have been any injections after surgery. According to the clinical documentation provided and current MTUS guidelines, an epidural injection is not indicated as a medical necessity to the patient at this time.