

<b>Case Number:</b>	CM15-0043760		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	06/06/2001
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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, Hawaii

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:

The injured worker is a 62 year old male, who sustained an industrial injury on 6-6-2001. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, myalgia, lumbar radiculopathy, lumbar degenerative disc disease, and low back pain. On 12-4-2014, the injured worker reported low back pain rated 6 out of 10 without medication and 2 out of 10 with medications, with pain worse since last appointment, made better with medication and injections. The Primary Treating Physician's report dated 12-4-2014, noted the injured worker continued to work modified duty with the help of his medications. The injured worker's current medications were noted to include Norco, Etodolac, Lisinopril, Alfuzosin ER, and Soma. The physical examination was noted to show tenderness over the lumbar paraspinals, pain with lumbar flexion and extension, and straight leg raise elicited low back pain. The Physician noted the injured worker continued with low back pain, and would like to "wait until the first of the year before requesting another lumbar epidural steroid injection (ESI) since he did get over a year of pain relief with the last one". Prior treatments have included TENS, home exercise program (HEP), and an epidural steroid injection (ESI). The treatment plan was noted to include prescriptions for Soma, Norco, and Lodine. The injured worker's work status was noted to be modified duty. The request for authorization dated 2-5-2015, requested one (1) right lumbar transforaminal epidural steroid injection under fluoroscopic guidance. The Utilization Review (UR) dated 2-11-2015, non-certified the request for One (1) right lumbar transforaminal epidural steroid injection under fluoroscopic guidance.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) right lumbar transforaminal epidural steroid injection under flourosopic guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** The records indicate the patient has ongoing low back pain. The current request for consideration is for one (1) right lumbar epidural steroid injection under fluoroscopic guidance. The most up to date report for review is dated 1/6/15 and does not discuss the request for epidural steroid injection. The CA MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging or electro-diagnostic testing. In this case, there is no documentation noted of prior injections. The attending physician report dated 1/6/15, offers no physical examination findings consistent with radiculopathy. The deep tendon reflex testing is normal and symmetric. There is no indication of decreased sensation or motor weakness. Nerve tension signs are absent. There is no discussion of electrodiagnostic testing (EMG) indicating radiculopathy. The documentation available for review is insufficient to establish medical necessity for an epidural steroid injection. The request is not medically necessary.