

<b>Case Number:</b>	CM15-0044189		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	12/03/1987
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/18/2015
<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, Arizona  
 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 27-year-old female who reported an injury on 12/03/1987. The mechanism of injury was not stated. The current diagnoses include low back pain, lumbar radiculopathy, postlaminectomy syndrome, and complex regional pain syndrome. The injured worker presented on 01/26/2015 for a follow-up evaluation with complaints of low back pain and bilateral lower extremity pain. The injured worker was status post DCS placement in 09/2012. Prior surgical history also includes lumbar fusion at L3-5 in 04/2001. The injured worker utilizes Percocet, Nucynta, Neurontin, nortriptyline, and Robaxin. Upon examination, there was an antalgic gait, paravertebral tenderness, decreased lumbar range of motion, mottling over the area of pain, decreased sensation in the L5-S1 distribution, and diminished motor strength. Recommendations included a lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there is no documentation of lumbar radiculopathy upon examination to include a positive straight leg raise test or reflex changes. In addition, it is unclear whether the injured worker has been previously treated with a lumbar epidural steroid injection. Documentation of the injured worker's response to an initial procedure was not provided. The specific levels at which the injection will be administered was not listed. Given the above, the request is not medically necessary.

**Keflex:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/keflex.html](http://www.drugs.com/keflex.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease Chapter, Cephalexin (Keflex).

**Decision rationale:** The Official Disability Guidelines recommend Keflex as a first line treatment for cellulitis and other skin and soft tissue infections. The injured worker does not maintain either of the abovementioned diagnoses. There was no strength, frequency or quantity listed in the request. As such, the request is not medically necessary.