

<b>Case Number:</b>	CM15-0045171		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	10/21/2014
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/19/2015
<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 41-year-old male who reported an injury on 10/21/2014. The mechanism of injury was not stated. The current diagnoses include right shoulder pain, lumbar sprain, myofascial pain syndrome, and right shoulder rotator cuff injury. The injured worker presented on 02/24/2015 for a follow-up evaluation regarding low back and right shoulder pain. Upon examination, there was lumbar spasm, positive straight leg raise on the right, decreased lumbar range of motion, normal deep tendon reflexes, decreased range of motion, and 5-/5 motor strength. Recommendations included continuation of Mobic, Flexeril, and Norco. The injured worker was also instructed to continue with a home exercise regimen. A lumbar epidural steroid injection was also recommended at that time. A Request for Authorization form was submitted on 02/24/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Epidural Steroid Injection X 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Low Back.

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

**Decision rationale:** The 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 study and/or electrodiagnostic testing. In this case, there was no objective evidence of a significant musculoskeletal or neurological deficit. There is no objective evidence of lumbar radiculopathy. Recent imaging studies were not provided for this review. There is also no mention of an exhaustion of recent conservative treatment. Additionally, the specific level at which the injection will be administered was not specified in the request. Given the above, the request is not medically appropriate.