

<b>Case Number:</b>	CM15-0046962		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	07/23/2014
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 37 year old male, who sustained an industrial injury on 7/23/2014. He reported injury while moving a manhole cover. The injured worker was diagnosed as having low back pain and lumbar radiculopathy. Recent magnetic resonance imaging showed lumbar disc bulge, moderate central stenosis and mild neural foramen stenosis. Treatment to date has included physical therapy and medication management. Currently, the injured worker complains of low back pain that radiates to the right lower extremity. In a progress note dated 2/13/2015, the treating physician is requesting a lumbar epidural steroid injection and epidurogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Right L4-5 Epidural Steroid Injection with Fluoroscopic Guidance and epidurogram:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 13th Edition (web) 2015, Low Back, sedation.

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

**Decision rationale:** The patient is a 37 year old male with a low back injury on 07/23/2014. On 08/18/2014 he had a normal gait. Straight leg rising was negative. Muscle strength was normal. He missed two physical therapy visits and was discharged from physical therapy for non-compliance. He then developed pain down his right lower extremity. MTUS guidelines note that epidural steroid injections to not affect the long term health outcome and do not reduce the need for surgery. This is not medically necessary for this patient.