

<b>Case Number:</b>	CM15-0047020		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	12/22/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/21/2015
<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, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 22-year-old male sustained an industrial injury on 12/22/13. He subsequently reported low back pain. Diagnostic testing has included x-rays and MRIs. Diagnoses include lumbar strain, lumbar scoliosis and herniated disc L5-S1 with radiculopathy. Treatments to date have included modified work duty, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. A request for Lumbar epidural steroid injection at L5-S1 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection at L5-S1:** 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 Page(s): 46.

**Decision rationale:** Guidelines recommend lumbar epidural steroid injection for cases of radiculopathy that is documented by physical exam and corroborated by imaging studies. In this

case, there is no documentation of radiculopathy on physical exam and there is no report of nerve root entrapment on the MRI to support radiculopathy. The request for lumbar epidural steroid injection is not medically appropriate and necessary.