

<b>Case Number:</b>	CM15-0051796		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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:

The injured worker is a 52 year old male, who sustained an industrial injury on 7/11/14. The injured worker was diagnosed as having lumbosacral radiculopathy of right lower extremity rule out (HNP) herniated nucleus pulposus, lumbago, lumbar spasm and anxiety /depression related to pain. Treatment to date has included physical therapy, acupuncture, oral medications including narcotics and pain management. X-ray of lumbar spine was performed on 10/28/14. Currently, the injured worker complains of low back pain with bilateral leg pain. The treatment plan of the progress note dated 12/8/14 was to continue physical therapy, refill oral medications and follow up with pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral LESI (lumbar epidural steroid injection), Lumbar L5-S1 (sacroiliac): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

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

**Decision rationale:** Guidelines recommend epidural steroid injection to reduce pain and inflammation, increase range of motion and to avoid surgery. ESI may be indicated if radiculopathy is documented by physical examination and corroborated by imaging studies and if conservative treatment is unsuccessful. In this case, there is no documentation of signs or symptoms of radiculopathy, no documentation of tried and failed conservative care, or clear objective neurologic deficits on physical examination. The request for lumbar epidural steroid injection is not medically appropriate and necessary.