

<b>Case Number:</b>	CM15-0053310		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 47 year old female, who sustained an industrial injury on 01/02/2014. She reported a trip and fall resulting in low back pain and knee pain. Diagnoses include left knee injury, lumbosacral strain, lumbosacral radiculitis, and L5-S1 disc herniation. Treatments to date include medication therapy, physical therapy. Currently, they complained low back pain with radiation to bilateral lower extremities. On 2/4/15, the physical examination documented positive straight leg raise test on the left side. The right iliac crest was noted as being lower than the left iliac crest with difficulty toe/heel walking due to pain. The plan of care included aquatic therapy and to undergo an L5-S1 epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Epidural Injection under Fluroscopy, L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Lumbar Epidural Injection under Fluoroscopy, L5-S1 is not medically necessary.