

<b>Case Number:</b>	CM15-0080067		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	01/18/2008
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 49 year old male who sustained an industrial injury on January 18, 2008. He has reported injury to the lower back, mid back, and right knee and has been diagnosed with unspecified back ache, pain in joint lower leg, and pain in joint shoulder region. The 2013 MRI of the lumbar spine was noted to show multiple mild disc bulges without significant neural foramina or central canal stenosis. The 2/18/2013 EMG/NCS was noted be normal without evidence of chronic radiculopathy. Treatment has included medications, surgery, acupuncture, injections, activity restrictions, physical therapy and chiropractic care. On 4/1/2015, the injured worker complains of pain in the lower back, mid back, and right knee. The low back pain was noted to radiate to the lower extremities. There was no documentation of neurological examination of the lower extremities. The treatment request included 1 lumbar selective epidural steroid injection. The 2013 lumbar epidural injection was noted to provide 50% reduction in pain for 2 months. The medications listed are Nucynta, Lidoderm, Dexilant, naproxen, ibuprofen and zolpidem.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar selective epidural steroid injection at right L4-L5, L5-S1 levels under fluoroscopy:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Pain.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that lumbar epidural injection can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records did not show objective, EMG/NCS or radiological findings consistent with the diagnosis of lumbar radiculopathy. The most recent clinic evaluation did not include any neurological examination of the lower extremity. There is no documentation of failure of treatment with co-analgesic anticonvulsant and antidepressant medications that the guidelines recommend be utilized for the treatment of neuropathic and radicular pain. The criteria for the right L4-L5, L5-S1 lumbar epidural selective nerve root blocks under fluoroscopy is not medically necessary.