

<b>Case Number:</b>	CM15-0081575		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	09/04/1987
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62-year-old male with an industrial injury dated 09/04/1987. His diagnoses included degeneration of lumbar or lumbosacral intervertebral disc and lumbar spondylosis. Prior treatment included diagnostics, medication and epidural steroid injections. He presents on 03/18/2015 with complaints of worsening back pain, radiating leg pain and leg weakness. Physical exam revealed normal muscle tone with normal coordination and gait. Straight leg raise test was abnormal. The provider documents the injured worker has benefited from lumbar epidural steroid injections in the past. Treatment plan included conservative management with medications, physical therapy medications and epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) lumbar epidural steroid injection by anesthesia pain who will determine level and approach: Upheld**

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

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

**Decision rationale:** MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electro diagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. Additionally sufficient detail regarding response to past ESI is not provided, i.e. there is insufficient documentation of objective functional improvement or medication reduction after past ESI treatment. This request is not medically necessary.