

<b>Case Number:</b>	CM15-0087515		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	07/18/2002
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 45 year old male, who sustained an industrial injury on 7/18/2002. Diagnoses include lumbar intervertebral disc without myelopathy. Treatment to date has included medications, TENS unit and diagnostics including magnetic resonance imaging (MRI) dated 5/21/2014 which revealed a small right eccentric disc extrusion/bulge and mild facet arthropathy at L4-5 and L5-S1 with right eccentric disc extrusion at L5-S1. A follow up upright MRI dated 11/24/2014 revealed straightening of the lumbar vertebral body relationship consistent with musculoskeletal strain and central disc extrusion at L5-S1. Per the Primary Treating Physician's Progress Report dated 2/18/2015, the injured worker reported severe constant pain in the middle of the low back rated as 6/10 in severity. Physical examination revealed tenderness at L4 spine. Norco and Lorzone have been effective for pain and spasms by 50-60%. The plan of care included medications. Authorization was requested for lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection (unspecified level & laterality): Upheld**

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

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

**Decision rationale:** Lumbar epidural steroid injection (unspecified level & laterality) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation submitted does not reveal evidence of objective radiculopathy on exam. Additionally, the request does not specify a level or laterality. Therefore, the request for epidural steroid injection is not medically necessary.