Case Number:	CM14-0122755		
Date Assigned:	08/08/2014	**Date of Injury:**	07/19/2013
Decision Date:	10/08/2014	**UR Denial Date:**	07/23/2014
Priority:	Standard	**Application Received:**	08/04/2014

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. The expert reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who was injured on 07/19/13 when she slipped and fell. (The injured worker had slipped and fallen previously on 07/31/10 and 08/30/11.) An MRI of the lumbar spine dated 10/30/13 is significant for impression on the thecal thac at L4-5 without significant spinal canal or lateral recess stenosis. There is mild right neural foraminal narrowing without impression upon the exiting L4 nerve root at this level. There are disc-osteophytes and degenerative facet enlargement at multiple levels. An EMG/NCV dated 12/11/13 was negative for lumbar radiculopathy. The injured worker is diagnosed with lumbosacral neuritis, unspecified. The injured worker complains of low back pain with radiation into the posterior thighs and calves. It is noted the injured worker is not considered to be a candidate for surgery; however, lumbar epidural steroid injections have been recommended. Most recent clinical note dated 07/22/14 states the injured worker is currently participating in physical therapy and notes that the injured worker reports this treatment helps "a little bit." Physical examination of the lumbar spine reveals tenderness at the paraspinal muscles. SLR is 60 . Lasegue's test is negative. Motor examination is 5/5 globally about the bilateral lower extremities with the exception of the extensor hallucis longus which is 4/5. Sensation is intact and there are no abnormal reflexes. This note includes a request for ESI at L4-5. A request for LESI was denied by Utilization Review dated 07/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: The request for an LESI is not recommended as medically necessary. MTUS Chronic Pain Medical Treatment Guidelines state the criteria for the use of lumbar ESIs includes evidence of an active radiculopathy upon physical examination which is corroborated by imaging study and/or electrodiagnostic testing. The most recent physical examination, conducted 07/22/14, did not reveal findings suggestive of an active radiculopathy. The injured worker did not demonstrate decreased strength, sensation or reflexes of the lower extremities about any specific nerve root distribution. It is not noted that SLR produced pain in the lower extremities. The MRI of the lumbar spine did not reveal nerve root compression or compromise. EMG/NCV of the bilateral lower extremities did not reveal a radiculopathy. Based on the clinical information provided, medical necessity of an LESI is not established.