

<b>Case Number:</b>	CM14-0147825		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 37 year old male, who sustained a work related injury on 7/16/12. The diagnoses have included lumbar spine degenerative disc disease, lumbago, and lumbar radiculopathy. Treatments to date have included lumbar spine MRI and x-rays, oral medications, chiropractic treatments and physical therapy. In the Orthopedic Evaluation dated 8/7/14, the injured worker complains of lower back pain that radiates down bilateral legs. He states that sitting makes pain worse. He states that medications, rest, massage and chiropractic treatments help to ease some of the pain. He states that he thinks physical therapy made things worse. He has increased pain in range of motion movements of lower back. This request for the epidural steroid injection lumbar spine has been certified for a different physician before the orthopedic physician requested this one. On 8/25/14, Utilization Review non-certified a request for a lumbar epidural steroid injection (ESI) at bilateral L5-S1. The California MTUS, Chronic Pain Treatment Guidelines, ACOEM Guidelines, and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection(ESI) at the bilateral L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

**Decision rationale:** Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, it is noted that a request for ESI by another provider was already authorized/pending and no clear rationale for this ESI prior to evaluation of the results of the pending ESI has been presented. Furthermore, there is no current documentation of subjective/objective findings of radiculopathy corroborated by imaging and/or electrodiagnostic studies for pathology at the proposed level. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.