

<b>Case Number:</b>	CM14-0211271		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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: 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 patient is a 46 year old male who was injured on 3/26/2013. The diagnoses are lumbar disc disease without myelopathy. A 2013 lower extremity electrodiagnostic study was reported by [REDACTED] as normal. A 2013 MRI of the lumbar spine showed multilevel disc bulge. On 10/14/2014, there was subjective complaint of low back pain radiating to the lower extremities. The patient denied numbness and weakness. The examination of the lower extremities revealed a normal test for reflexes, sensation, motor, range of motion and straight leg raising test. There was no documentation of significant pain relief, reduction in medication utilization and functional improvement following the 7/28/2014 lumbar epidural steroid injection. The medications listed are Flexall topical analgesic and Norco. A Utilization Review determination was rendered on 11/11/2014 recommending non certification for 1 of 2 lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1 OF 2) LESI:** Upheld

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

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

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records did not show subjective, objective or electrodiagnostic or radiological findings consistent with a diagnosis of lumbar radiculopathy. There is no documentation of failure of conservative treatment with medications and PT. The previous lumbar epidural steroid injection did not produce significant pain relief and functional restoration. The criteria for 1 of 2 lumbar epidural steroid injection was not met.