

<b>Case Number:</b>	CM15-0010521		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	07/16/2010
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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: California, Washington

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 53-year-old female who reported an injury on 07/16/2010. The mechanism of injury was not stated. The current diagnoses include sciatica, unspecified major depression, lumbar stenosis, lumbar disc displacement without myelopathy, status post hemilaminectomy in 2000, degeneration of the lumbar intervertebral disc, and sacrum disorder. The injured worker presented on 08/25/2014 with complaints of persistent low back pain. The injured worker was actively participating in a home exercise program. Upon examination of the lumbar spine, there was decreased lordosis, positive facet loading, spasm and guarding, 5/5 motor strength, and intact sensation. Recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro lumbar epidural steroid injection Left L5, Left S1, Right S1 Neural Foramen:**

Upheld

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

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

**Decision rationale:** California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there was no objective evidence of lumbar radiculopathy. There were no imaging studies or electrodiagnostic reports submitted for review. Given the above, the request is not medically appropriate.