

<b>Case Number:</b>	CM15-0018284		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	01/18/2005
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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, District of Columbia, Maryland  
 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 injured worker is a 73 female, who sustained an industrial injury on 1/18/2005. The diagnoses have included spinal stenosis, lumbar region, lumbago, paresthesia left lower extremity, and status post lumbar discectomy and fusion (date not specified). Treatment to date has included surgical intervention and conservative measures. Currently, the injured worker complains of low back and left knee pain. Her back pain radiated to her thigh area. She used a cane for ambulation. Examination of the lumbar spine revealed pain with terminal range of motion, positive sciatic notch tenderness and positive straight leg raise test. Medications were not documented. Previous epidural steroid injection was noted at L2-3 on 3/11/2013. An epidural steroid injection at L2-3 was recommended. On 1/02/2015, Utilization Review non-certified a request for an epidural steroid injection at L2-L3, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection L2-3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20, 9792.26; MTUS (Effective July 18, 2009) Page(s): 46 of 127.

**Decision rationale:** The most recent progress note dated December 17, 2014 does include a complaint of radicular symptoms and there is muscular weakness of 4/5 noted at the right psoas and quadriceps, and the bilateral tibialis anterior. However, there is no official report of an MRI attached to corroborate these symptoms and physical examination findings. As such, this request for an epidural steroid injection is not medically necessary.