

<b>Case Number:</b>	CM15-0113443		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 26-year-old male sustained an industrial injury on 12/18/13. He subsequently reported back pain. Diagnoses include lumbosacral strain/ sprain. Treatments to date include x-ray and MRI testing and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, there was painful range of motion of the lumbar spine. Deep tendon reflexes were equal in the lower extremities. There was tenderness to palpation to the lumbosacral muscles with myofascial tightness noted. The treating physician made a request for Lumbar Epidural Steroid Injection to L5-S1 x 1 under fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection to L5-S1 x 1 under fluoroscopic guidance:** 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 Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injection L5 - S1 times one under fluoroscopic guidance is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar sprain and strain injury; likely lumbosacral disc injury; clinical symptom of lumbosacral radiculopathy; and myofascial pain syndrome. The date of injury is December 18, 2013. The request for authorization is dated May 14, 2015. A progress note dated May 12, 2015 states the injured worker has low back discomfort. Objectively, there is lumbar spine and lumbosacral tenderness to palpation with myofascial tightness. Range of motion is painful and deep tendon reflexes are equal in the bilateral lower extremities. There is no neurologic evaluation in the progress note coinciding with the request for authorization. The guidelines indicate radiculopathy must be documented by physical examination and corroborated by imaging studies and her electric diagnostic testing. There is no objective evidence of radiculopathy documented by physical examination the medical record. MRI of the lumbar spine showed a 2 mm disc protrusion involving L5 - S1 contracting the left S1 nerve root. Consequently, absent clinical documentation with objective evidence of radiculopathy by - neurologic evaluation, lumbar epidural steroid injection L5 - S1 times one under fluoroscopic guidance is not medically necessary.