

<b>Case Number:</b>	CM15-0114514		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	09/02/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 38 year old male, who sustained an industrial injury on 9/02/2014. Diagnoses include disc extrusion at L3-4 and protrusion at L4-5 with right lumbosacral radiculopathy. Treatment to date has included physical therapy and diagnostics. Magnetic resonance imaging (MRI) of the lumbar spine dated 11/24/2014 revealed focal extrusion at L3-4 into the right lateral recess causing focal compression, and mild to moderate stenosis. Per the Primary Treating Physician's Progress Report dated 6/01/2015, the injured worker reported being in a motor vehicle accident two weeks prior which exacerbated his pain in the low back area with radiation of pain into the right lower extremity and numbness of the right leg. Pain is rated as 7/10. Physical examination of the lumbar spine revealed 60% of normal range of motion and tenderness in the lumbar paraspinals. The plan of care included a transforaminal epidural steroid injection and authorization was requested on 6/02/2015, for epidural steroid injection right L3-L4 under fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection right L3-L4 under fluoroscopic guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

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

**Decision rationale:** Epidural Steroid Injection right L3-L4 under fluoroscopic guidance is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate evidence of clear radiculopathy on history or physical in the area proposed for injection (L3-4) therefore this request is not medically necessary.