

<b>Case Number:</b>	CM15-0179802		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	03/19/2015
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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:

This injured worker is a 54 year old female, who sustained an industrial injury on 03-19-2015. The injured worker was diagnosed as having lumbar spine disc protrusion at L1-L2 level. On medical records dated 08-19-2015, subjective complaints were noted as low back pain that radiates to bilateral thigh, knees and ankles, as well as right foot and toes. Low back pain was note as 8 out of 10. Objective findings were noted as lumbar spine tenderness to palpation over the paraspinal muscles. Straight leg raise was positive on right. Decreased dermatomal sensation to light touch at L4 level and range of motion was restrict due to pain. The injured worker was noted to be not working but may return to work on modified duty. The injured worker underwent a lumbar spine MRI on 07-24-2015 which revealed L1-L2 left paracentral disc protrusion, L2-L3 broad based disc bulge, L3-L4 broad based disc bulge with associated posterior annular tear. Treatments to date include medication and physical therapy. Current medication was listed as Cyclobenzaprine, Naproxen Sodium and Pantoprazole Sodium. The Utilization Review (UR) was dated 09-02-2015. A Request for Authorization was dated 08-19-2015. The UR submitted for this medical review indicated that the request for Epidural Steroid Injection with Fluoroscopic Guidance at L1-2 & L3-4 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection with Fluoroscopic Guidance at L1-2 & L3-4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** Epidural Steroid Injection with Fluoroscopic Guidance at L1-2 & L3-4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate physical exam findings corroborated with imaging studies of radiculopathy in the proposed area for epidural steroid injection. For this reason the request for epidural steroid injection is not medically necessary.