

<b>Case Number:</b>	CM15-0070035		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	11/11/2003
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 11, 2003. In a Utilization Review report dated March 30, 2015, the claims administrator failed to approve a request for lumbar epidural steroid injection. Norco, however, was approved. A March 19, 2015 progress note and associated RFA form of March 24, 2015 were referenced. The claims administrator contended that the applicant had failed to profit with earlier epidural steroid injection therapy. The applicant's attorney subsequently appealed. On March 19, 2015, the applicant reported persistent complaints of low back pain, 5-6/10. The applicant denied any radiation of pain to the leg at this point. Norco, Motrin, Norflex, and a repeat epidural steroid injection were endorsed. The applicant's work status was not furnished.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EPIDURAL STEROID INJECTION LUMBAR SPINE L5-S1:** Upheld

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

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

**Decision rationale:** No, the request for a lumbar epidural steroid injection at L5-S1 was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, in this case, however, there was no mention of the applicant's having radicular symptoms on or around the date of the request, March 19, 2015. The applicant explicitly denied any radicular pain complaints on that date. The attending provider, thus, seemingly proposed the epidural steroid injection in question for mechanical low back pain. Mechanical low back pain is not, however, an indication for epidural steroid injection therapy, per page 46 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.