

<b>Case Number:</b>	CM15-0070457		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	09/23/2005
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/10/2015
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 35-year-old male, with a reported date of injury of 09/23/2005. The diagnoses include herniated lumbar disc and lumbar spondylosis. Treatments to date have included oral medications and an MRI of the lumbar spine. The follow-up consultation report dated 02/13/2015 indicates that the injured worker continued to have significant left lumbar radicular pain. The physical examination showed diffuse tenderness of the lumbar spine, limited range of motion of the lumbar spine with positive straight leg raise test on the left, and absent ankle jerk on the left. The treating physician requested a trial of three epidural injections and an evaluation with an anesthesiologist regarding the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of epidural injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits to support the epidural injections. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The Trial of epidural injections is not medically necessary and appropriate.

**Evaluation with anesthesiologist regarding lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Please see above rationale regarding lumbar epidural determination rationale. As the Trial of epidural injections is not medically necessary and appropriate; thereby, the Evaluation with anesthesiologist regarding lumbar spine is not medically necessary and appropriate.