

<b>Case Number:</b>	CM15-0070461		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/13/2015
<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: Pennsylvania, Ohio, 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 who sustained an industrial injury on 3/15/13. The injured worker reported symptoms in the back and lower extremities. The injured worker was diagnosed as having lumbar disc herniation with lumbar radiculopathy, chronic lumbar strain, chronic cervical strain, and chronic thoracic strain. Treatments to date have included activity modification, physical therapy, and oral pain medication. Currently, the injured worker complains of lower back pain with radiation to the lower extremities. The plan of care was for an epidural steroid injection and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection Left L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

**Decision rationale:** MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. A second injection is recommended only if there is adequate response to a first injection. Treatment notes in this case of 1/26/15 suggest a plan for one initial epidural injection and discuss symptoms, exam findings, and MRI findings to support such an initial epidural injection. However the Application for Independent Medical Review requests approval of 2 epidural injections. MTUS would not support a plan for 2 epidural injections but rather would suggest 1 initial injection followed by reassessment. Thus the current IMR request for 2 epidural injections is not medically necessary.