

<b>Case Number:</b>	CM15-0071018		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	05/31/1998
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Texas, Florida, 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 injured worker is a 60 year old male who sustained an industrial injury on 05/31/1998. Current diagnoses include lumbar spine foraminal stenosis and lumbar spine central canal stenosis. Previous treatments included medication management and physical therapy. Previous diagnostic studies included an MRI of the lumbar spine and x-ray. Report dated 03/13/2015 noted that the injured worker presented with complaints that included continued low back pain. Pain level was rated as 7-9 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included recommendation for follow up with a neurosurgeon versus orthopedic spine surgeon and pain management with epidural steroid injections. Disputed treatments include a lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 47 of 127.

**Decision rationale:** This claimant was injured 17 years ago. There were lumbar degenerative changes and stenosis. No acute disc herniation is noted in the records provided as a source of radiculopathy. There is back pain, but no dermatomal distribution of signs and symptoms noted. The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. The request appears appropriately non-certified based on the above. Therefore the request is not medically necessary.