

<b>Case Number:</b>	CM15-0075018		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	12/18/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Emergency 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 59 year old male, who sustained an industrial injury on 12/18/2014. The current diagnoses are lumbosacral strain and left-sided sciatica. According to the progress report dated 3/26/2015, the injured worker complains of left-sided lower back pain with numbness and tingling down the left leg. The pain is rated 6/10 on a subjective pain scale. The current medications are Flexeril, Norco, Relafen, and Gabapentin. Treatment to date has included medication management, work restrictions, hot/cold packs, back supports, Medrol dose pack, physical therapy, and MRI studies. The plan of care includes epidural steroid injection at L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural injection at L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The requested Epidural injection at L4-L5 is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are; "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has left-sided lower back pain with numbness and tingling down the left leg. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above not having been met, Epidural injection at L4-L5 is not medically necessary.