

<b>Case Number:</b>	CM13-0022877		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	08/03/2011
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California, Connecticut, and Pennsylvania. 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 physician 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/services.

### 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 claimant is a 49-year-old who sustained an injury to his lumbar spine in a work related accident on 06/03/1. Clinical records available for review include an MRI report of the lumbar spine from 02/06/13 showing the L5-S1 level to be with degenerative disc disease with facet changes and no indication of disc protrusion, canal or foraminal narrowing. The most recent assessment is a handwritten clinical progress report from [REDACTED] of 06/15/13 stating ongoing complaints of pain about the left lower extremity with examination findings showing 5/5 motor tone with absent bilateral lower extremity reflexes and positive bilateral straight leg raising at 90 degrees. The claimant was diagnosed with chronic low back pain and right greater than left radiculopathy. The plan at that time was for an isolated L5-S1 epidural steroid injection for further management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**epidural steroid injection, L5-S1:** Upheld

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

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

**Decision rationale:** The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 46. The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, an epidural injection in this case would not be indicated. Clinical records for review fail to demonstrate specific physical examination finding supportive of a radicular process with recent imaging of March 2013 with an MRI scan negative for evidence of compressive findings at the L5-S1 level. The request for an epidural steroid injection, L5-S1, is not medically necessary.