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| <b>Case Number:</b>   | CM13-0031151 |                              |            |
| <b>Date Assigned:</b> | 12/04/2013   | <b>Date of Injury:</b>       | 11/10/2012 |
| <b>Decision Date:</b> | 04/28/2014   | <b>UR Denial Date:</b>       | 09/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/02/2013 |

### 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. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 46-year-old gentleman who was injured in a work related accident on November 10, 2012 sustaining an injury to the low back. Review of records indicates documentation of a recent MRI of the lumbar spine from August 2013 revealed moderate degenerative changes at L5-S1 with a disc protrusion resulting in moderate foraminal stenosis and left L5 nerve root effacement. A January 14, 2013 progress report stated continued complaints of pain to the low back with radiating pain to the left lower extremity and foot. Objectively, there was limited lumbar range of motion with tenderness over the left foot with a positive antalgic gait, but no documentation of neurologic findings. The claimant was diagnosed with a crush injury to the foot and lumbago. Previous assessment of September 4, 2013 indicated radiating low back and buttock pain with examination demonstrating lumbar tenderness, but no documented neurologic findings. At present, there is a request for a left sided L5-S1 epidural steroid injection for further care in this claimant's ongoing treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION FOR LEFT L5-S1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Section Chronic Pain: Epidural Steroid Injections (ESIs) Page(s): 46.

**Decision rationale:** Based on MTUS Chronic Pain Medical Treatment Guidelines, an epidural injection would not be indicated. Clinical Guidelines indicate epidural injections are appropriate if documentation of radiculopathy is noted by physical examination and corroborated by imaging studies or electrodiagnostic testing. The clinical records at present fail to demonstrate radicular process on examination. The absence of the above at this time would fail to necessitate the acute need of a left sided L5-S1 epidural steroid injection as requested.