

<b>Case Number:</b>	CM13-0038983		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/13/2013
<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 Internal Medicine and is licensed to practice in New York. 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 42 year old female who sustained a work related injury on 09/21/2012. The mechanism of injury was pushing a heavy crate. The current diagnoses are lumbar disc displacement, radiculopathy, sprain/strain, and three-level disc injury. Previous treatments have included medications, activity restrictions, acupuncture, chiropractic therapy, and physical therapy. MRI of the LS spine has demonstrated a 2mm left paracentral disc protrusion at L5-S1 appearing to abut the descending left S1 nerve root. Physical exam demonstrates limited lumbar range of motion, decreased sensation over the leg, and positive straight leg raising. The treating provider has requested 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:

#### **1 lumbar steroid injection, L5-S1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The review has indicated that the claimant has radiculopathy on the basis of her subjective findings and MRI findings. Per California MTUS 2009 Guidelines epidural steroid

injections are recommended as an option for treatment of radicular pain. The claimant has undergone multiple conservative treatment modalities and continues with low back pain with associated radiculopathy. The Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. Medical necessity for the requested lumbar steroid injection has been established. The requested treatment is medically necessary.