

<b>Case Number:</b>	CM13-0041527		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/24/2005
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine 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 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/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 injured worker is a 51 year old male who sustained an injury to his low back on 03/24/05 after being involved in a motor vehicle accident when he was stopped at a red light, he was rear ended. He injured his low back from a jerking motion. Initial treatment included 2 trigger point injections without improvement. He underwent subsequent chiropractic treatment, given a Medrol dose pack and returned to light duty. Magnetic resonance image (MRI) of the lumbar spine dated 07/07/05 reportedly revealed abnormal right paracentral protrusion at the L5-S1 disc abutting the traversing S1 nerve root measured at 4mm. Physical examination noted normal gait; decreased lumbar range of motion; strength and reflexes in the bilateral lower extremities were intact and normal. The injured worker was diagnosed with lumbar and lumbosacral disc degeneration with a sprain of the lumbar region. The injured worker is currently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 LUMBAR SPINE EPIDURAL STEROID INJECTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300 AND 309.

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

**Decision rationale:** The request for one lumbar spine epidural steroid injection is not medically necessary. The level/laterality was not specified in the request. The previous request was denied on the basis that although the injured worker reported left leg radicular pain, there was no note of the dermatomal distribution of the pain with corroborative findings of a radiculopathy. The radiculopathy was not documented by physical examination, nor was it corroborated by imaging studies and/or electrodiagnostic testing. The California Medical Treatment Utilization Schedule states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given this, the request for one lumbar spine epidural steroid injection is not indicated as medically necessary.