

<b>Case Number:</b>	CM13-0044328		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 Occupational 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial motor vehicle accident (MVA) of May 17, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and extracorporeal shock wave therapy for the lumbar spine. In a progress note of October 26, 2013, the applicant is described as presenting with low back, hip, knee, and ankle pain. The applicant's interventional spine physician is apparently intent on pursuing a left L5-S1 epidural steroid injection. The applicant does experience episodic leg pain, it is stated. Naprosyn and Flexeril were endorsed, along with a knee support. A rather 10-pound lifting limitation was endorsed. In a September 26, 2013 progress note, the applicant is described as presenting with low back pain radiating to the left leg, 6-7/10. The applicant has not returned to his former occupation as a truck driver, it is stated. He has diminished left L5-S1 sensorium, it was noted. No motor deficits are appreciated. MRI imaging of lumbar spine is notable for a left lateral disk herniation with effacement and displacement of the left traversing nerve root, it is stated. An epidural steroid injection was sought at L5-S1. It did not appear that the applicant had had any prior epidural steroid injections (ESI), based on a survey of the file. Also reviewed is an August 2013 MRI, notable for a large left foraminal disk protrusion at L3-L4 resulting in severe left-sided foraminal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ESI (Epidural steroid injection) OF THE LUMBAR SPINE:** Overturned

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

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, the applicant does have evidence of a large disk herniation at L3-L4 generating associated radicular complaints. There are corresponding radicular complaints and radicular signs on exam. The request in question is a first-time epidural steroid injection. Accordingly, the request is certified, on Independent Medical Review.