

<b>Case Number:</b>	CM13-0058410		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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:

This patient is a 25-year-old male with a date of injury of 07/30/2013. The listed diagnoses according to [REDACTED] are Lumbar strain/sprain and Left shoulder tendinitis. According to the report dated 09/24/2013 by [REDACTED], the patient reports discomfort and pain in his lower back area. Most of the pain is on the left side. There are occasional radiating symptoms down the leg. Examination of the lumbar spine revealed decreased range of motion on all planes. There is pain toward terminal range of motion. Sciatic notch is mildly positive and straight leg raise is negative bilaterally. FABERE test, compression test, and shear test are all noted as positive. An MRI of the lumbar spine dated 10/14/2013 revealed at L5-S1 there is disc desiccation and disc space height loss, consistent with degenerative disc disease. There is 2mm of diffuse broad-based disc bulging. Superimposed on the latter is a 4-5 mm broad based central and left paracentral disc protrusion. The disc material comes into contact and displaces the left S1 nerve root.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR EPIDURAL STEROID INJECTION AT L5-S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
EPIDURAL STEROID INJECTIONS (ESI) Page(s): 46-47.

**Decision rationale:** This employee presents with continued low back pain. The treating physician is requesting a lumbar epidural steroid injection at level L5 to S1. Utilization Review dated 11/20/2013 denied the request stating that the employee did not have radicular pain nor was there evidence of neurologic loss in the lower extremities. The MTUS Guidelines page 46 and 47 recommend "ESI as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy." In this case, the MRI from 10/14/2013 does show 4-5mm disc at L5-S1 with displacement of the left S1 nerve root. However, the employee has minimal leg symptoms and examination including SLR (straight leg raising) and motor/sensory are unremarkable. The employee does not present with radiculopathy and an ESI is not indicated. Recommendation is for denial.