

<b>Case Number:</b>	CM14-0007017		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	07/31/2003
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/18/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 58-year-old male who reported injury on 07/31/2003. The mechanism of injury was not provided. The injured worker underwent an MRI of the lumbar spine on 10/18/2013, which revealed at the level of L1-2, there was a 2 mm posterior central broad-based disc protrusion. The thecal sac and neural foramina were normal. The facets were normal. At L2-3 and L3-4, the discs, thecal sac, and neural foramina were normal, and the facets were normal. At L4-5, there was a partial disc desiccation with a 5 mm posterior disc bulge. There was bilateral facet hypertrophy seen. The bilateral neural foramina were normal, and the thecal sac was normal. At L5-S1, there was a 1 to 2 mm posterior central broad-based disc protrusion. The thecal sac and neural foramina were normal, and there was mild bilateral facet hypertrophy seen. The physical examination dated 12/20/2013 revealed the injured worker's lower back was decreasing. There was a DWC Form RFA dated 12/12/2013 requesting a lumbar epidural steroid injection. There was no objective physical examination submitted regarding the spine to support the necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION (LESI):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections when there are objective findings of radiculopathy that are corroborated by imaging studies. There should be documentation of a trial and failure of conservative care. There was no objective physical examination submitted for review to support radiculopathy. There was no documentation indicating the injured worker had trialed and failed conservative care. The request as submitted failed to indicate the laterality and the level for the requested procedure. Given the above, the request for a lumbar epidural steroid injection (LESI) is not medically necessary.