

<b>Case Number:</b>	CM14-0010099		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	03/23/2013
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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 25-year-old female with a reported injury date of 03/23/2013. The mechanism of injury was not provided. The injured worker's diagnoses include a lumbosacral sprain/strain and disc protrusion of L5-S1. The clinical note dated 04/08/2014 noted no subjective complaints. It was also noted that the injured worker had failed conservative care and that the requesting physician would like to move forward with an epidural steroid injection as suggested by an evaluation from Dr. Jerry Smith. The evaluation dated 10/29/2013 noted that the injured worker was tender over the lumbar facets L4-5 and L5-S1, reflexes were 2+ at the patella and Achilles' bilaterally. There was no decreased sensation throughout. Muscle testing shows equal strength in all muscle groups bilaterally in the lower extremities and straight leg raise was negative in both the seated and supine position and Faber's test was negative bilaterally. It was also noted that on 06/14/2013 the injured worker received an MRI (magnetic resonance imaging) of the lumbar spine that revealed a 2 to 3 mm broad-based disc protrusion but the spinal cord and neural foramen were patent. The Request for Authorization form was not submitted with the available clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION:** Upheld

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

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

**Decision rationale:** The request for lumbar epidural steroid injection is non-certified. The California MTUS Guidelines stated that epidural steroid injections may be recommended as an option for the treatment of radicular pain as long as radiculopathy is documented by physical examination and corroborated by imaging studies, the injured worker has been unresponsive to conservative treatments and that the injections must be performed using fluoroscopy. There is a lack of evidence provided within the documentation that the injured worker has clinical objective findings to suggest radiculopathy. Additionally, there is a lack of imaging studies provided in the documentation that corroborate the findings of radiculopathy. Furthermore, there is no request for fluoroscopy. As such, this request is non-certified.