

<b>Case Number:</b>	CM14-0016615		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 reported an injury on 11/18/2013. The mechanism of injury was not stated. Current diagnoses include lumbar spondylosis, left trapezius strain, right trapezius strain, myofascial tender points, and occipital headache. The injured worker was evaluated on 03/07/2014. The injured worker has been previously treated with a series of trigger point injections. The injured worker reported 7/10 hip pain, and 3/10 neck pain. Physical examination revealed tenderness to palpation of the right shoulder, cervical and lumbar spine, negative straight leg raising, 5/5 motor strength in the bilateral lower extremities, and decreased sensation in the L5 dermatome on the left. The treatment recommendations included a follow-up visit with a pain management specialist for a lumbar epidural steroid injection. It is noted that the injured worker underwent an MRI of the lumbar spine on 12/16/2013, which indicated normal disc height with mild bilateral facet hypertrophy at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SERIES OF LUMBAR EPIDURAL STERIOD INJECTIONS AT L5 - S1 LEVEL WITH SIDE(S) UNSPECIFIED:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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

**Decision rationale:** California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. As per the documentation submitted, the injured worker's physical examination revealed negative straight leg raising and 5/5 motor strength in the bilateral lower extremities. Therefore, there is no evidence of radiculopathy upon physical examination. The injured worker's MRI of the lumbar spine dated 12/16/2013 indicated normal disc height without bulging or herniation. There is also no mention of unresponsiveness to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants. Based on the aforementioned points, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically necessary.