

<b>Case Number:</b>	CM14-0138411		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	03/26/2014
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 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 injured worker is a 69-year-old male with a reported injury on 03/26/2014. The mechanism of injury was not provided. The only clinical documentation provided for review were the results of a lumbar spine MRI on 05/29/2014 which revealed L1-2 and L2-3 prominent disc loss of the disc space height with mild broad based disc bulge and degenerative facet disease producing mild central canal narrowing and neural foraminal narrowing. There was an L4-5 broad base disc bulge with component of central disc protrusion. This, along with degenerative facet disease, produces mild central canal narrowing and mild to moderate neural foraminal narrowing. At L5-S1 there was a broad base disc bulge with component of a left paracentral disc protrusion that displaces the left S1 nerve root. No documentation of diagnoses, past treatments, surgical history, clinical evaluation, or medications was provided. The request was for left S1 and L5 transforaminal steroid injection. No rationale for this request was provided. The Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left S1 and L5 transforaminal steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for left S1 and L5 transforaminal steroid injection is not necessary. The MRI revealed central canal and neural foraminal narrowing with S1 nerve root displacement as described above. The California MTUS/ACOEM Guidelines state that epidural steroid injections for back pain without radiculopathy are not recommended. No clinical findings of radiculopathy were provided for review. Medical necessity has not been established based on the provided documentation. Therefore, the request for left S1 and L5 transforaminal steroid injection is not medically necessary.