

<b>Case Number:</b>	CM14-0026575		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/31/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Occupational medicine, 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 44-year-old whose date of injury is July 31, 2012. The mechanism of injury is described as repetitive work. Lumbar MRI dated October 2, 2012 indicates that at (lumbar spine) L4-5 there is a four to five millimeter midline posterior disc protrusion which minimally indents the ventral thecal sac causing mild central canal stenosis. There is a three millimeter broad based posterior disc bulge extending into the neural foramina causing mild bilateral neural foraminal stenosis. Note dated April 1, 2014 indicates that straight leg raising causes low back pain at 90 degrees. Diagnoses are sprain/strain of neck and lumbar region. Treatment to date includes physical therapy, chiropractic care, left wrist de Quervain's release on August 13, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THREE OUTPATIENT LUMBAR EPIDURAL STEROID INJECTIONS (ESI):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

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

**Decision rationale:** California Medical Treatment Utilization Schedule Guidelines do not support a series of three epidural steroid injections. The request is nonspecific and does not indicate the level, laterality or approach to be utilized. There are no motor or sensory deficits documented in the submitted physical examinations to establish the presence of active lumbar radiculopathy, as required by the Chronic Pain Medical Treatment Guidelines. The request for three outpatient lumbar epidural steroid injections is not medically necessary or appropriate.