

<b>Case Number:</b>	CM14-0030308		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/14/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Nevada. 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 records presented for review indicate that this 36-year-old male was reportedly injured on December 14, 2012. The mechanism of injury is noted as picking up a 5-gallon bucket of water. The most recent progress note, dated January 27, 2014, indicates that there are ongoing complaints of neck and low back pain radiating to the left lower extremity. Current medications include Norco, Norflex, and Terocin patches. The physical examinations demonstrated tenderness to the bilateral trapezius regions and diffuse tenderness across the lumbar spine. There was decreased lumbar spine range of motion and decreased sensation at the left-sided L3 and L4 dermatomes. There was a positive left-sided straight leg raise at 80. Diagnostic imaging studies reported a 5 mm broad-based right sided paracentral disc protrusion at L5 - S1. Lower Germany nerve conduction studies reported no evidence of a lumbar radiculopathy. Previous treatment includes 20 sessions of acupuncture, which have reduced the injured employee's pain as well as chiropractic therapy. A request had been made for a left and right sided transforaminal epidural steroid injection at L5 and S1 and was not certified in the pre-authorization process on February 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Transforaminal Epidural Steroid Injection at the Left L5 nerve root: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

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

**Decision rationale:** According to the attached medical record, the injured employee has complaints of low back pain radiating to the left lower extremity. Physical examination notes a positive left-sided straight leg raise and decreased sensation at the left L3 and L4 dermatomes. However, nerve conduction studies do not show any evidence of a radiculopathy and a magnetic resonance imaging (MRI) of the lumbar spine only shows a right-sided disc protrusion. Without corroboration between the injured employee symptoms, physical examination, and objective studies, this request for a lumbar spine epidural steroid injection at the left L5 nerve root is not medically necessary.

**1 Transforaminal Epidural Steroid Injection at the Left S1 nerve root:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

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

**Decision rationale:** According to the attached medical record, the injured employee has complaints of low back pain radiating to the left lower extremity. Physical examination notes a positive left-sided straight leg raise and decreased sensation at the left L3 and L4 dermatomes. However, nerve conduction studies do not show any evidence of a radiculopathy and a magnetic resonance imaging (MRI) of the lumbar spine only shows a right-sided disc protrusion. Without corroboration between the injured employee symptoms, physical examination, and objective studies, this request for a lumbar spine epidural steroid injection at the left S1 nerve root is not medically necessary.