

<b>Case Number:</b>	CM14-0036287		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/06/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Neurological Surgery 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 50-year-old gentleman who was reportedly injured on December 6, 2013. The mechanism of injury is lifting a patient. The most recent progress note dated March 11, 2014, indicates that there are ongoing complaints of low back pain radiating to the right greater than left leg. No focused physical examination was performed on this date. Diagnostic imaging studies objectified a small annular tear and disc bulge at the L5/S1 level with mild bilateral neural foraminal narrowing. Previous treatment includes physical therapy, trigger point injections, and the use of a transcutaneous electrical nerve stimulator (TENS) unit. Continued use of ibuprofen, Flexeril, and Salon Pas was recommended. A request had been made for lumbar epidural steroid injections and was not certified in the pre-authorization process on March 17, 2014.

### 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 Page(s): 46.

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

**Decision rationale:** In order to justify epidural steroid injections a radiculopathy must be present and documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. A progress note dated March 11, 2014, does state there was decreased sensation at the right S1 nerve root distribution however a magnetic resonance image of the lumbar spine does not indicate any nerve root involvement at this level. This request for lumbar spine epidural steroid injections is not medically necessary.