

<b>Case Number:</b>	CM14-0038267		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 23-year-old male was reportedly injured on 9/23/2013. The mechanism of injury was noted as an industrial injury. The most recent progress note, dated 3/6/2014, indicated that there were ongoing complaints of back pain with bilateral leg pain. The physical examination demonstrated the lumbar spine was positive for tenderness to palpation bilaterally, and range of motion with pain. Right/left plantar flexion weak was when walking on toes. There was pain in the low back and buttocks with toe walking. Decreased sensation in the left lower extremity, in the L5 distribution, defined as 60% of normal. Bilateral straight leg raise test is positive on the right producing back pain. There was sciatic notch tenderness on the left. Diagnostic imaging studies included an MRI of the lumbar spine, dated 2/3/2013, which revealed a posterior disc bulge of the lower lumbar spine at L5-S1. mild neural foraminal narrowing at L5-S1, and mild multilevel joint arthropathy. Previous treatment included physical therapy, medications, and conservative treatment. A request had been made for epidural steroid injection of the lumbar spine, and was not certified in the pre-authorization process on 3/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral transforaminal epidural steroid injection for the lumbar spine:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there was some clinical evidence of an L5 and possible S1 radiculopathy, however, there were no diagnostic studies to corroborate this. As such, without a diagnostic study confirming radicular symptoms, this request is deemed not medically necessary.