

<b>Case Number:</b>	CM14-0055160		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 & Rehabilitation, 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 23 year old male whose date of injury is 09/23/2013. On this date he was carrying a large granite piece when he slipped and fell. Treatment to date includes magnetic resonance image scan and physical therapy. Lumbar magnetic resonance image dated 12/03/13 revealed at L5-S1 there is posterior bulging disc and posterior annular tearing. Posterior displacement is up to 3 mm. There is no spinal canal stenosis. There is mild left and no significant right neural foraminal narrowing. Initial evaluation dated 03/06/14 indicates that on physical examination muscle strength and tone are normal in the lower extremities. Strength is +5/5 throughout. Deep tendon reflexes are +2/4 throughout. Assessment notes lumbar degenerative disc disease and sciatica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L5 S1 transforaminal epidural steroid injection; lumber spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on the clinical information provided, the request for left L5-S1 transforaminal epidural steroid injection lumbar spine is not recommended as medically necessary. California Medical Treatment Utilization Schedule guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The injured worker's physical examination fails to establish the presence of active lumbar radiculopathy with intact sensation, motor testing and deep tendon reflexes. Given the current clinical data, the requested epidural steroid injection is not medically necessary.