

<b>Case Number:</b>	CM14-0066929		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 injured worker is a 61-year-old gentlemen who was reportedly injured on July 25, 2013. The mechanism of injury is noted as lifting a printer onto a cart. The most recent progress note dated April 11, 2014, indicates that there are ongoing complaints of low back pain as well as neck pain radiating to the bilateral upper extremities. The physical examination demonstrated an antalgic gait and ambulation with the assistance of a cane. There was tenderness over the lumbar spine and pain with range of motion. It was a negative straight leg raise test. Diagnostic imaging studies of the lumbar spine revealed disc bulges at L4 - L5 and L5 - S1. Previous treatment includes physical therapy, acupuncture and oral medications. A request was made for a lumbar epidural steroid injection to be performed at the L5 - S1 intralaminar level with transforaminal injections at L4 - L5 and L5 - S1 on the right side and was not certified in the pre-authorization process on April 25, 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 to be performed at L5-S1 intralaminar with transforaminal injections at L4-5 and L5-S1 on the right side:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 46.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of a radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. A review of the attached medical records indicates that there are no findings of a radiculopathy on physical examination nor does the magnetic resonance image of the lumbar spine indicate any nerve root involvement. Considering this, the request for a lumbar epidural steroid injection to be performed at the L5 - S1 intralaminar level with transforaminal injections at L4 - L5 and L5 - S1 on the right side is not medically necessary.