

<b>Case Number:</b>	CM14-0068105		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	05/02/2014
<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 Orthopedic 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 45 year old male who sustained an injury to his low back on 07/05/13 when he was pulling up about 150 pounds of sand. While lifting, he injured his lumbosacral spine. The patient was sent to the clinic for evaluation and plain radiographs/MRI was performed. The injured worker attended physical therapy four times over one month and received a cortisone injection which did not help. The injured worker stated that he had cortisone pills, again without any significant improvement. The injured worker continued to complain of lumbosacral spine pain 6/10 visual analogue scale that was throbbing and recurrent, radiating down the left leg. A physical examination noted strength and stability poor; range of motion fair; no associated numbness and tingling, but he had radiating left lower extremity pain. Plain radiographs did not reveal any fractures, dislocations, loose or foreign bodies MRI of the lumbar spine dated 08/10/13 revealed left-sided L4-5 disc extrusion, L5-S1 disc protrusion, and mild neural foraminal narrowing at L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Injection #2:** Upheld

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

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

**Decision rationale:** The previous request was denied on the basis that the injured worker was only evaluated six days after the last epidural steroid injection was performed with clinical documentation of 50% improvement; however, there was no documented objective functional improvement. Furthermore, the most recent examination failed to identify any focal neurological deficits consistent with objective radiculopathy. The California MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The California MTUS also states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction in medication use for six to eight weeks. Furthermore, the level/laterality was not specified in the request. Given this, the request for lumbar epidural injection #2 is not indicated as medically necessary.