

<b>Case Number:</b>	CM14-0073178		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 60 year old male whose date of injury is 02/25/2013. The mechanism of injury is described as a slip and fall at work. Treatment to date includes at least 38 physical therapy visits and hernia repair in 04/2013. Magnetic resonance image of the lumbar spine dated 03/13/14 revealed at L5-S1 there is a 2-3 mm posterior central disc protrusion, which abuts the anterior thecal sac but is not responsible for any significant spinal canal, lateral recess or neural foraminal stenosis. Electromyogram/nerve conduction velocity dated 03/13/14 revealed evidence of peripheral polyneuropathy. Follow up note dated 04/17/14 indicates that diagnoses are L4-5 and L5-S1 disc protrusion, left shoulder chronic impingement, left elbow lateral epicondylitis, bilateral knee pain, status post inguinal hernia repair and abdominal hernia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of three (3) Epidural Steroid Injections (ESI) to Lumbar 5 - Sacral 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

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

**Decision rationale:** Based on the clinical information provided, the request for trial of three epidural steroid injections to lumbar 5-sacral 1 is not recommended as medically necessary. California Medical Treatment Utilization Schedule (CA MTUS) guidelines do not support a series of three epidural steroid injections. There is no current, detailed physical examination submitted for review to establish the presence of active lumbar radiculopathy as required by CA MTUS guidelines. The submitted lumbar magnetic resonance image fails to document any significant neurocompressive pathology at the requested level in accordance with CA MTUS guidelines. Therefore, medical necessity of the requested epidural steroid injections cannot be established. Therefore, this request is not medically necessary.