

<b>Case Number:</b>	CM14-0078837		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/12/2009
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Occupational Medicine and is licensed to practice in Texas, Michigan, Ohio and Pennsylvania. 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 46 year old male with a March 12, 2009 reported injury. The mechanism of injury is described as standing on a two by six plank which broke from under him, causing him to fall onto a concrete floor. The diagnosis is listed as unspecified acquired hypothyroidism (244.9). The submitted physician note dated March 12, 2014 reveals complaints of back pain during Valsalva maneuver such as toileting. The injured worker also complains of chronic daily pain in the back, hip, leg, and difficulty with ambulation. The left leg is demonstrating paresthesias and weakness. The injured worker reports it often is cyanotic. The June 24, 2011 lumbar MRI scan shows L3-5 disc bulging, facet arthrosis, and mild central narrowing. The current request is for Lumbar Epidural Steroid Injection L3-L4, L4-L5, L5-S1 which was previously denied on a prior utilization review decision dated April 29, 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 L3-L4, L4-L5, L5-S1: Upheld**

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

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

**Decision rationale:** The requested L3-4, L45 and L5-S1 epidural steroid injections is not approved because this request fails to satisfy the CA MTUS Chronic Pain Treatment Guidelines as there is no documented lumbar spine neurocompressive lesions based upon the 6/24/11 lumbar MRI scan report and because the submitted injured worker physical examination findings do not conclusively demonstrate clinical evidence of lumbosacral radiculopathy. The CA MTUS Chronic Pain Treatment Guidelines on page 46 requires the following: "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Medical necessity has not been established.