

<b>Case Number:</b>	CM14-0087057		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Internal Medicine 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 whose date of injury is 04/17/2013. The mechanism of injury is described as lifting at work. Diagnoses include chronic pain syndrome, lumbosacral radiculitis, brachial radiculitis, lumbar sprain and back sprain. Magnetic resonance image of the lumbar spine dated 01/16/14 revealed at L5-S1 foraminal disc protrusions measuring 2-3 mm touching the exiting nerve roots without obvious impingement. Mild right and mild to moderate left foraminal narrowing is noted. Note dated 05/22/14 indicates that the injured worker reports he is mildly improved after cervical epidural steroid injection performed on 04/23/14. Lumbar range of motion is restricted. Straight leg raising is positive bilaterally at 45 degrees. Light touch sensation is decreased over L5, S1 dermatomes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection at L5-S1 (laterality unspecified) as an outpatient:**

Upheld

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

**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 lumbar epidural steroid injection at L5-S1 (laterality unspecified) as an outpatient is not recommended as medically necessary. The most recent clinical documentation submitted for review is from May. There is no current, detailed physical examination submitted for review to establish the presence of active lumbar radiculopathy as required by California Medical Treatment Utilization Schedule guidelines prior to epidural steroid injection. Additionally, there is no indication that the injured worker has undergone any recent active treatment including physical therapy and/or independent home exercise program. Given the above the request is not medically necessary.