

<b>Case Number:</b>	CM14-0094655		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/23/2003
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 & Rehab 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:

Injured worker is a 58-year-old individual with an original date of injury of September 23, 2003. The original mechanism of injury occurred when the patient had a slip and fall while holding a 5 gallon bucket. Nonindustrial diagnoses that are significant include renal cancer. The patient has diagnoses of chronic low back pain and lumbar radiculopathy. Conservative treatments to date have included multiple medications including Flexeril, Percocet, Avinza, soma, Norco, Skelaxin, and medical marijuana. The patient has had a lumbar MRI which demonstrates disc protrusions at L5-S1 and L4-L5, with some neural foraminal stenosis. The disputed request is for an epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically guided left L5-S1 epidural steroid injection with left S1 selective nerve root block:** Overturned

**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 Section Page(s): 47.

**Decision rationale:** According to a progress note on May 22nd, 2014, the injured worker continues with low back pain radiating to the left buttock and posterior thigh, with numbness of the. Physical examination reveals restricted lumbar range of motions. Nerve root tension signs were negative bilaterally. There was noted weakness in the left extensor houses longus, tibialis anterior, and gastric soleus which was rated as 4+ as opposed to 5 out of 5 for other muscle groups. Furthermore, there has been previous imaging which demonstrated a bilateral L5 heart fracture and multiple disk herniations in the lumbar spine. Based upon the clinical examination, subjective complaints of the patient, and results from diagnostic imaging, this request is medically necessary.