

<b>Case Number:</b>	CM14-0189600		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	01/20/2014
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Preventive Medicine, has a subspecialty in Occupational 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 39 year old male who was injured at work on 01/02/2014. He is reported to be complaining of moderate neck and upper back pain, and headaches. The physical examination revealed moderate tenderness and spasms of the muscles of the neck, upper and lower back; trigger points of the thoracic and lumbar spines, and twitch response. There was no neurological deficit. The Lumbar MRI of 08/04/2014 revealed mild facet degeneration at L5-S1 with a broad based protrusion causing right greater than left foraminal narrowing and also a small paracentral disc protrusion at L4-L5. The worker has been diagnosed of lumbar disc degeneration, right lower extremity neuralgia/radiculitis, back injury, lumbar sprain, headache, and ankle sprain. Treatments have included acupuncture. At dispute is the request for Epidural Steroid Injection at right L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection at right L5-S1: Upheld**

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

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

**Decision rationale:** The injured worker sustained a work related injury on 01/02/2014. The medical records provided indicate the diagnosis of lumbar disc degeneration, right lower extremity neuralgia/ radiculitis, back injury, lumbar sprain, headache, and ankle sprain. Treatments have included acupuncture. The medical records provided for review do not indicate a medical necessity for Epidural Steroid Injection at right L5-S1. Although there was clinical evidence of radiculopathy initially, there was no imaging or electro-diagnostic evidence supporting this. The MTUS does not recommend the epidural steroid injection unless clinically documented evidence of radiculopathy has been corroborated by imaging studies and/or electrodiagnostic testing. Therefore, the requested test is not medically necessary and appropriate.