

<b>Case Number:</b>	CM14-0059896		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Emergency 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 30 year-old male, who sustained an injury on April 11, 2013. The mechanism of injury is not noted. Diagnostics have included: 10/11/13 lumbar MRI documented degenerative disc disease at L3-4 and L4-5 with posterior protrusions at L3-4 and L4-5. At L4-5, there was a central posterior annulus tear with broad central posterior disc protrusion of 4 mm. This mildly indented the anterior margin of the central cerebral fluid space without significant central canal stenosis. The neural foramina were moderately narrowed bilaterally; 10/21/13 NCS/EMG. Treatments have included: Medications. The current diagnosis is: Lumbar herniated nucleus pulposus. The stated purpose of the request for lumbar epidural steroid injection L4-5 was to provide pain relief. The request for lumbar epidural steroid injection L4-5 was denied on April 3, 2014, citing the rationale that it was unclear if any previous epidural steroid injection treatment had been done. There was also no indication of an objective lumbar radiculopathy occurring at a particular level. Per the report dated March 11, 2014, the treating physician noted that the injured worker had continued pain and discomfort with tingling sensation radiating down the bilateral legs to the ankle. Objective findings included a positive straight leg raise, pain with range of motion, spasm, and tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection L4-L5:** 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 Page(s): 46.

**Decision rationale:** The requested lumbar epidural steroid injection L4-5 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, epidural steroid injections, page # 46 recommend this injection as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The injured worker has ongoing pain radiating down the bilateral legs to the ankle. The treating physician has documented a positive straight leg raise, painful range of motion, and tenderness. The treating physician has not documented dermatomal sensation loss in a L4-5 distribution or myotomal deficits to support the injured worker's subjective complaints or the diagnostic findings. The criteria noted above not having been met, lumbar epidural steroid injection L4-5 is not medically necessary.