

<b>Case Number:</b>	CM15-0001742		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 a work related injury on 9/9/13. The diagnoses have included lumbosacral strain with lumbosacral disc desiccation, disc protrusion and neuroforaminal impingement at L4-L5 and L5-S1 levels, chronic back pain and anxiety. Treatment to date has included previous epidural steroid injections, oral medications and MRI lumbar spine. Currently, the injured worker complains of chronic low back pain with pain radiating to the left leg with numbness, tingling and weakness. On 12/12/14, Utilization Review non-certified a request for a L4, L5, S1 bilateral epidural steroid injections, noting the epidural steroid injections are recommended as an option for radicular pain. This treatment is recommended for short term pain relief. This treatment offers no long term functional benefit. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4, L5, S1 bilateral epidural steroid injection:** 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 ESI  
Page(s): 46.

**Decision rationale:** The patient presents with back pain. The current request is for L4, L5, S1 bilateral epidural steroid injection. The treating physician states, "I would like to appeal for the epidural steroid injection requested in June 2014 as he had two injections in the past, which helped him return to work." The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case, the treating physician has not documented in the physical examination dated 11/26/14 that the patient suffers from radiculopathy. The current request does not meet the guidelines based on the documentation that was submitted and reviewed. In addition, MTUS does not support injection of more than two levels. The recommendation is for denial as the request is not medically necessary.