

<b>Case Number:</b>	CM15-0022677		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	09/14/1999
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Nevada, California

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 57-year-old male who reported an injury on 09/14/1999 due to an unspecified mechanism of injury. An MRI of the lumbar spine dated 06/20/2012 showed decreased disc height and disc dissection with degenerative marrow changes, anterior and lateral and posterior osteophytes with a 2 mm diffuse disc bulge noted at the L5-S1 level, the disc abutted, but did not compress the ventral aspect of the thecal sac, and encroached upon the descending left S1 nerve root and abutting, but did not compress the descending right S1 nerve root. The osteophytes resulted in mild narrowing of the L5 neural foramina bilaterally. On 01/15/2015, he presented for a follow up evaluation regarding his work related injury. He reported having increased left leg pain to the foot and ankle, as well as low back pain. An examination showed he had difficulty in toe walking on the left leg secondary to weakness, and there was some left antalgic gait. Range of motions of the thoracolumbar spine was noted to be decreased, straight leg raise was moderately positive on the left and negative on the right, and he had weakness of the left ankle evertors, plantar flexors, and reflexes were diminished in the left Achilles when compared to the right. Information regarding his diagnosis was not provided for review. The treatment plan was for a lumbar epidural steroid injection at the left L5-S1 level under fluoroscopy. The rationale for treatment was to treat the injured worker's symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection left L5-S1 under fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints; Epidural steroid injections (ESIs).

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

**Decision rationale:** The California MTUS Guidelines indicate that epidural steroid injections are recommended when radiculopathy is present on examination and corroborated by imaging studies. It is only recommended after the failure of recommended conservative care. The documentation provided fails to show evidence that the injured worker has tried and failed all recommended conservative care to support the requested intervention. Without documentation showing that the injured worker has recently undergone conservative therapy, the request would not be supported. Therefore, the request is not supported. As such, the request is not medically necessary.