

<b>Case Number:</b>	CM15-0035817		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	03/28/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 44 year old male, who sustained an industrial injury on 3/28/14. He has reported left hip, left elbow, low back and thoracic spine injury. The diagnoses have included thoracic spine strain, lumbar spine strain, left elbow strain and left hip strain. Treatment to date has included physical therapy, lumbar steroid injections, oral medications and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 6/4/14 revealed disc desiccation at L2-3, L3-4, L4-5 and L5-S1. (MRI) magnetic resonance imaging of left hip revealed no abnormalities. Currently, the injured worker complains of low back pain. Tenderness is noted of left hip and lumbar area on palpation. On 2/13/15 Utilization Review non-certified lumbar steroid injection, noting the previous injections were helpful, however documentation did not note quantified pain relief and there is limited evidence of sustained pain relief from the procedure. The MTUS, ACOEM Guidelines, was cited. On 2/25/15, the injured worker submitted an application for IMR for review of lumbar steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection:** Upheld

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

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

**Decision rationale:** The patient presents with left hip, left elbow, low back and thoracic spine injury. The current request is for Lumbar Epidural Steroid Injection. The treating physician states, in a report dated 01/17/15, "Lumbar Epidural Steroid Injection." (2A) The MTUS guidelines state: "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the treating physician, based on a UR report dated 02/13/15, states "Examination of the lumbar spine revealed paraspinal tenderness at L4-L5, and S1. There is positive straight leg raising bilaterally greater on the left side, and mildly decreased sensation along the L5-S1 distribution of the left lower extremity." An MRI report dated 06/04/14 notes "There is broad-based posterior left posterolateral disk protrusion at L5-S1 level, which at its maximum on the far left side measures about 3mm, which makes contact with the anterior aspect of the thecal sac and encroaches into left neural forearm with moderately significant narrowing of the left neural forearm and indenting the left L5 nerve root. (105B). However, previous LESIs have been noted in the records, with the quantity unknown and response to injection unknown. Additionally, the treating physician has failed to document where the LESI is to take place. The current request is not medically necessary and the recommendation is for denial.