

<b>Case Number:</b>	CM14-0119240		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care 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 59 year old male injured on October 10, 2011 due to a slip and fall. The most recent Primary Treating Physician Progress Note, dated May 9, 2014, indicate the injured worker continues with complaints of neck pain radiating to the left arm. Physical exam notes tenderness to cervical spine with muscle spasm. Range of motion reveals flexion of 30 degrees, extension at 20 degrees, left and right rotation at 50 degrees. The claimant has clinical evidence of radiculopathy with hypoesthesias anterolateral aspect of the foot and ankle. There is weakness of great toe flexion and extension. Positive cervical compression test and positive shoulder depression test. MRI of the lumbar spine, dated April 22, 2014, noted straitening of the lumbar spine, disk desiccation noted at L4-L5 and L5-S1, L4-L5 diffuse disk protrusion with effacement of thecal sac, disk material and facet hypertrophy causing bilateral neural foraminal narrowing that effaces the right and left L4 exiting nerve roots, L5-S1 diffuse disk protrusion without effacing the thecal sac. Diagnoses include lumbar spine sprain/strain with multiple disk bulges. The request for epidural steroid injection (ESI) x 1, L4-L5 and L5-S1 was denied in previous utilization review, dated July 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection (ESI) times 1 at L4-L5 and L5-S1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections (Boswell, 2007) (CMS, 2004).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injection

**Decision rationale:** ACOEM is not operant in as much as this is a 2011 injury. The claimant has clinical evidence of lumbar radiculopathy. There is hypoesthesias and weakness of the great toe flexion and extension. There is a MRI from 4/2014 with disc protrusion and neuroforaminal stenosis involving the L4 nerve root. The request for repeat MRI would not have any impact on the clinical status. Therefore the ESI as requested is medically necessary, in keeping with ODG recommendations.