

<b>Case Number:</b>	CM14-0125813		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	03/14/2014
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 48 year old male whose date of injury is 03/14/2014. The mechanism of injury is described as repetitive motion. Diagnoses are listed as cervical spine stenosis and lumbar radiculopathy. Electromyography/nerve conduction velocity dated 05/22/14 revealed right sided lumbosacral radiculopathy. Lumbar magnetic resonance image dated 07/03/14 revealed at L5-S1 there is disc desiccation present with a broad based central disc herniation measuring approximately 2 mm. An annular tear is present. There is mild narrowing of the caudal margin of the neural foramen bilaterally, left greater than right. There is partial effacement of the left lateral recess. There is mild bilateral facet arthropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Epidural Steroid Injection L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46, 58.

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

**Decision rationale:** Based on the clinical information provided, the request for lumbar epidural steroid injection L5-S1 is not medically necessary. There is insufficient clinical information

provided to support this request. There is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. There is no current, detailed physical examination submitted for review to establish the presence of active lumbar radiculopathy as required by California Medical Treatment Utilization Schedule guidelines.