

<b>Case Number:</b>	CM14-0138655		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Family Medicine and is licensed to practice in California. 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 33 year old female who sustained an injury to her low back on 05/22/14. The mechanism of injury is noted as a slip and twisted her back. MRI of the lumbar spine dated 07/22/14 revealed 3.2 millimeter posterior disc protrusion and mild bilateral degenerative facet changes resulting in mild left to sided neural foraminal stenosis at L5 to S1. Treatment to date has included oral medications, activity restrictions, physical therapy time's ten visits and acupuncture. Clinical note dated 07/25/14 reported that the injured worker had been working within recommended restrictions and taking Naprosyn that he felt was not helping. The injured worker reported no change in her back pain that was most pronounced in the right lumbar spine and radiated down to the leg on that side. Physical examination noted cranial nerves 2 to 12 grossly intact; mild tenderness to palpation of the paravertebral muscles bilaterally in the lumbar spine; no bony tenderness; no deformities; minimal spasm; range of motion diminished secondary to pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR ESI (Epidural Steroid Injection) at level of L6-S1 # 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI (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 request for lumbar epidural steroid injection at L6 to S1 times two is not medically necessary. Previous request was denied on the basis that there was no documentation of numbness and tingling or nerve root compression, impingement, or abutment on MRI scan of the lumbar spine. The California Medical Treatment Utilization Schedule (MTUS) states that radiculopathy must be documented by physical examination findings and corroborated by imaging studies and/or electrodiagnostic studies not present in this case. The CAMTUS also states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least fifty percent pain relief with associated reduction in medication use for six to eight weeks. The response to previous injection must be documented before a second injection can be indicated as medically necessary. Given this, the request for lumbar epidural steroid injection at L6 to S1 is not indicated as medically necessary.