

<b>Case Number:</b>	CM14-0001670		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/04/2003
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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. 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 62 year old male who sustained an industrial injury on 08/04/2003. On provider visit dated 12/10/2013 the injured worker has reported bilateral lower back pain that radiated to the buttocks and bilateral posterior thighs. On examination there was tenderness upon palpation of the bilateral lumbar paraspinal muscles, and decreased range of motion was noted. The diagnoses have included right paracentral disc protrusion at L5-S1, central disc protrusion at L4-L5 central stenosis, bilateral L5 radiculopathy, bilateral S1 radiculopathy, severe bilateral L5 neural foraminal stenosis. Treatment to date has included medication. Treatment plan included left S1 selective nerve root block fluoroscopically - guided left L5-S1 Epidural Steroid Injection. On 12/27/2013 Utilization Review non-certified left S1 selective nerve root block fluoroscopically - guided left L5-S1 Epidural Steroid Injection. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FLUOROSCOPICALLY-GUIDED LEFT L5-S1 EPIDURAL STEROID INJECTION WITH LEFT S1 SELECTIVE NERVE ROOT BLOCK: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

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

**Decision rationale:** The patient's date of injury was 08/04/2003. He has a chronic lumbar radiculopathy. There is no documented recent change in the patient's clinical condition. MTUS guidelines note that there is no objective documentation that the use of epidural steroid injections improve the long term functional outcome of the patient's condition or decrease the need for surgery. Again, epidural steroid injections do not affect the patient impairment. The requested epidural steroid injection is not medically necessary for this patient.