

<b>Case Number:</b>	CM14-0153158		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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: Maryland, District of Columbia  
Certification(s)/Specialty: Internal Medicine

### 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 employee sustained an industrial injury on 10/04/12. An MRI of the lumbar spine with and without contrast from July 2014 showed conjoined right L5-S1 nerve root. An MRI of the lumbar spine from June 2014 showed normal discs and neural foramina in levels L1-2, L2-3, L3-4 and L4-5. L5-S1 disc was slightly dessicated in the periphery. In the right neural foramen soft tissue density was noted which was found to be a conjoined right L5-S1 nerve root in July 2014. The progress note from 09/22/14 was reviewed. Pertinent physical examination findings included positive tension sign, weakness of EHL with some sensory deficit over the top of the foot, most likely S5 dermatomal area, intact sensation and otherwise full range of motion of hip. The request was for consult and lumbar ESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult and Lumbar Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

**Decision rationale:** According to MTUS, Chronic Pain Medical Treatment guidelines, epidural steroid injections are recommended as an option for radicular pain in the setting of radiculopathy documented by physical examination and corroborated by imaging and/or EDS, unresponsive to conservative treatment and no more than two nerve root levels to be injected using transforaminal blocks and no more than one interlaminar level at one session. The employee had low back pain with decreased sensation over dorsal foot on left side and EHL weakness on left. There was conjoined L5-S1 nerve root on the right side which was not pathological, with no neural foraminal narrowing on left side. There were no electrodiagnostic studies to corroborate the physical findings. Hence the request for consult and epidural steroid injection is not medically necessary or appropriate.