

<b>Case Number:</b>	CM13-0023840		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	07/24/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 patient is a 39-year-old male who reported an injury on 07/24/2012. The mechanism of injury was noted to be the patient was using a jack hammer on a slab for plumbing purposes. The patient bent down to shovel debris out when the patient had an immediate onset of severe low back pain. The patient had an MRI on 11/20/2012 that revealed the patient had mild disc space narrowing at L4-5 and L5-S1 there was a slight retrolisthesis of L4 over L5 with an exaggeration in flexion. The documentation of 07/23/2013 revealed a physical examination indicating the patient had bilateral lower extremities with a slight decreased sensation to light touch over the L5 nerve distribution. The straight leg raise test was positive bilaterally at 40 to 50 degree angle while sitting. The manual muscle testing indicated the patient had 4+/5 in the bilateral ankle dorsiflexion and plantar flexion. The patient failed conservative care. The diagnoses were noted to include chronic intractable low back pain, lumbar degenerative spondylosis at L4-S1 with foraminal stenosis, bilateral lumbar radiculopathy and chronic lumbar deconditioning with lumbar instability L4-5 spondylolisthesis and chronic pain syndrome. The request was made for a bilateral L4-L5 transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A LUMBAR EPIDURAL STEROID INJECTION AT L4-L5, WITH 1 ADDITIONAL INJECTION IF PATIENT RECEIVES A SIGNIFICANT BENEFIT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** The California MTUS Guidelines recommend an epidural steroid injection when there is documented objective findings of radiculopathy upon physical examination and that there is corroboration by imaging studies and/or electrodiagnostic testing and the patient must be initially unresponsive to conservative treatment. Clinical documentation submitted for review indicated the patient had objective findings upon examination. However, the MRI failed to indicate that the patient had nerve impingement. Additionally, there was a lack of documentation indicating the type of conservative care the patient underwent and that he was unresponsive to the conservative care. Further, the request as submitted indicated that the patient should have 1 additional injection if the patient received a significant benefit. There was a lack of documentation indicating a necessity as the patient had not undergone the first epidural steroid injection. Therefore, the requested lumbar epidural steroid injections are not medically necessary or appropriate.