

<b>Case Number:</b>	CM13-0029885		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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:

This patient is a 36-year-old male who reported an injury on 02/04/2013. Documentation of the mechanism of injury was not provided in the medical records. Notes indicate that the patient is currently diagnosed with lumbar disc herniation and central canal stenosis at the L4-5 level with the patient currently under consideration for a right L4-5 epidural steroid injection. Notes indicate that the patient has previously been treated with 6 sessions of chiropractic therapy which helped to reduce the patient's pain and improve range of motion. The patient has also utilized Relafen and Ultracet to help alleviate his pain. The patient has undertaken a home exercise program; however, still has pain. Clinical notes from 09/17/2013 indicate on physical examination that the patient's reflexes at the knees and ankles were 2+ and symmetric with Babinski sign noted to be negative. Range of motion of the lumbar spine revealed flexion of 50 degrees, extension 20 degrees, right and left lateral bending of 20 degrees, and right and left rotation of 30 degrees. The patient is noted to have a normal gait with seated straight leg raise negative bilaterally and positive tenderness noted to the left lumbar paraspinal musculature on palpation. The records also detail a review of an MRI of the patient's lumbar spine, which revealed evidence of a 4 mm disc herniation at the L4-5 level with central canal stenosis. Recommendation was made for a lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection, right L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines state that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain. The purpose of an ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. The criterion for injection includes but is not limited to radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient should be unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory drugs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance; with no more than two nerve root levels injected using transforaminal blocks and no more than one interlaminar level injected at one session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. While the documentation submitted for review indicates that the patient has imaging evidence of a 4 mm disc herniation at L4-5 with central canal stenosis, the patient has completed only 6 sessions of chiropractic treatment with noted improvement as well as a home exercise program and medication in the form of Relafen and Ultracet. Moreover, the physical examination of the patient fails to yield any objective evidence of a neuropathic component to the patient's pain. Given the above, the request for lumbar epidural steroid injection, right L4-5 is not medically necessary and appropriate at this time.