

<b>Case Number:</b>	CM13-0047975		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	03/13/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 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:

The patient is a 32 year old male who claimed an injury to his lower back on 08/01/2013 after taking a garage door motor off and slipping on the third step of a ladder. Thus far, the patient has been treated with medications and physical therapy. [REDACTED] treatment notes from 08/16/2013 through 09/25/2013 were reviewed. PR-2 dated 09/30/2013 by [REDACTED] noted the patient to have ongoing lumbar pain radiating into the right leg; generalized decreased range of motion; right SLR- right leg neuro tension; left SLR- right sided crossover pain; tender lumbar spine midline; motor and sensory exams were normal. A MRI of the lumbar spine was performed 09/25/2013 which revealed mild diffuse subligamentous posterior protrusion of the L5-S1 disc, without significant mass effect noted- otherwise a normal examination. The patient was referred to [REDACTED] on 11/21/2013 with complaints of low back and right lower extremity pain. Objective findings on examination were: normal gait, symmetrical DTR's bilaterally (patella and Achilles), there is no clonus; right positive SLR; spasm and guarding noted in the lumbar spine; weak knee extension and ankle plantar flexion. Follow up examination was performed on 12/19/2013 at which time the patient presented with a cast on the left lower extremity due to a broken ankle which the patient claims is a result of rolling his ankle while walking due to having a limp secondary to his right lower extremity and back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A sacral epidural steroid injection: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI), Page(s): 46. Decision based on Non-MTUS Citation Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition (2005), Chapter 41: Interlaminar Epidural Steroid injections of Lumbosacral Radiculopathy, pages 331-340.

**Decision rationale:** Lumbar ESIs are recommended as an option for treatment of radicular pain and inflammation, restoring range of motion and facilitating progress in more active treatment programs. According to the MTUS, ESI treatment alone offers no significant long-term functional benefit. Criteria for using ESI's in the lumbar spine include documented radiculopathy, by physical examination and corroborated by imaging studies and/or diagnostic testing. The patient complained of right side radicular complaints; however, there was no documented radiculopathy, by physical examination in the records reviewed. The reflexes were noted as bilaterally symmetrical at the patella and Achilles, there was no indication of muscle atrophy of the affected side right side. Motor and sensory examination was noted as normal by [REDACTED]. Due to the above, the requested service is not medically necessary and appropriate.