

<b>Case Number:</b>	CM13-0052074		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 & Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 32 year-old male who sustained an injury to his low back on 06/06/11 after falling from a roof. An extension certification notice dated 04/15/13 noted that the injured worker was status-post right shoulder surgery and was approved for an additional 36 visits of physical therapy for the right shoulder. A progress report dated 05/23/13 reported that the injured worker was diagnosed with a lumbar strain and was at maximum medical improvement. A non-certification notice dated 06/18/13 reported that the request for lumbar MRI was denied on the basis that there was no presence of any 'red flag' conditions. An MRI of the lumbar spine without contrast dated 08/27/13 revealed disc desiccation and a disc bulge at L5-S1 where there is mild narrowing of the neuroforaminal; there appears to be small hyperintensity consistent with annular disruption at the posterior left paracentral margin of the disc; disc bulge at L4-5 mildly effacing the thecal sac. It was reported that the injured worker has failed physical therapy and anti-inflammatory medication, therefore a trial of lumbar epidural steroid injection is appropriate in his care; however, there were no physical therapy notes involving the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTERLAMINAR LUMBAR ESI (EPIDURAL STEROID INJECTION) AT L5-S1 WITH FLUOROSCOPIC GUIDANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, LOW BACK DISORDERS- EPIDURAL STEROID INJECTION,

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

**Decision rationale:** It was reported that the injured worker had failed physical therapy and treatment with medications; however, there were no physical therapy notes provided for review involving the lumbar spine that would indicate the amount of physical therapy visits that the injured worker has completed to date or the injured worker's response to any previous conservative treatment. The MTUS Chronic Pain Guidelines' criteria for use of an epidural steroid injection include the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). Given the lack of physical therapy notes involving the lumbar spine documenting that the injured worker has failed conservative care and the clinical documentation submitted for review, the medical necessity of the request for interlaminar lumbar epidural steroid injection at L5-S1 with fluoroscopic guidance has not been established. The request is not medically necessary and appropriate.