

<b>Case Number:</b>	CM13-0058847		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/28/2012
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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, has a subspecialty in 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 54-year-old female who reported injury on 02/28/2012. The mechanism of injury was noted to be a motor vehicle accident. The patient had an MRI on 07/18/2013 which revealed at the level of L3-4, there was a 3 mm broad rightward bulge or protrusion with moderate right neural foraminal stenosis. The disc indented the thecal sac with moderate central canal stenosis and there were somewhat short pedicles. At L4-5, there were somewhat short pedicles with a 3-4 mm broad leftward protrusion with moderate left neural foraminal stenosis and moderate canal stenosis. The patient's physical examination on 11/06/2013 revealed that the patient had pain in the low back that radiated into the right buttock, hip, and bilateral groin area. The patient had atrophy in the quadriceps. The bilateral rotation was diminished. The straight leg raise was positive at 40 degrees on the right. The lower extremity deep tendon reflexes were hypoactive in the right patellar tendon and sensation to light touch was decreased on the right in the lateral thigh. The motor strength of the lower extremities measured 5/5 bilaterally. It was indicated the patient had trialed ice, heat applications, and Non-steroidal anti-inflammatory drugs (NSAIDs) which had not improved the patient's pain. The patient had physical therapy. The patient's diagnoses were noted to be low back pain, lumbar disc displacement, and lumbar radiculopathy. The treatment plan was noted to include a lumbar epidural steroid injection at L3 through L5 with IV sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One right L3-L4, L4-L5 lumbar steroid injection (transforaminal approach), anesthesia at Libbit Surgical Center between 10/23/2013 and 12/26/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Epidural Steroid Injections.

**Decision rationale:** California Medical Treatment utilization Schedule (MTUS) guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated the patient had objective findings upon physical examination. However, there was a lack of corroboration. There was documentation indicating the patient was initially unresponsive to conservative treatment. The magnetic resonance imaging (MRI) failed to indicate the patient had nerve impingement. Additionally, as intravenous sedation was requested per the physician and California Medical Treatment utilization Schedule (MTUS) and American college of Occupational and Environmental Medicine (ACOEM) Guidelines do not address IV sedation for epidural steroid injections, secondary guidelines were sought. Per Official Disability Guidelines, sedation is not recommended except for patients with extreme anxiety. There was lack of documentation indicating the patient had extreme anxiety. The submitted request did not include IV sedation. Given the lack of magnetic resonance imaging (MRI) findings, the request for one right L3-L4, L4-L5 lumbar steroid injection (transforaminal approach), anesthesia at [REDACTED] between 10/23/2013 and 12/26/2013 is not medically necessary.