

<b>Case Number:</b>	CM13-0066859		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/16/2006
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 38-year-old male. The date of injury was 10/16/2006; mechanism of injury was not provided. The injured worker has diagnoses of lumbar disc herniation, sciatica, status post posterior lumbar interbody fusion at L4-5 and L5-S1, lumbar post-laminectomy syndrome, lumbar radiculopathy, depression, and chronic pain. The injured worker was seen on 01/03/2014 for orthopedic re-evaluation with chief complaint of low back and bilateral lower extremities symptomatology. The injured worker complains of sharp, stabbing low back pain with pain of 8- 9/10. The injured worker does note that tramadol and hydrocodone does help. On physical exam, the physician noted an antalgic gait, toe and heel walk is abnormal on the left, and lumbar range of motion in flexion is 15 degrees, extension 10 degrees, right rotation 10 degrees, left rotation 5 degrees. Sensory testing with pinwheel was normal except with decreased S1 dermatomes on the left. Sciatic nerve compression is positive on the left. The injured worker was seen on 02/11/2014 by a pain medicine physician with complaints of low back pain which radiates down the bilateral lower extremities. On physical exam, the physician noted tenderness to palpation on the spinal vertebral area, L4-S1 levels. The request was for an epidural steroid injection at L4-S1. The date and rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION L4-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for lumbar epidural steroid injection to L4-S1 is non-certified. The injured worker does have complaints of low back and bilateral lower extremities pain with a pain rate of 8/10 to 9/10. The injured worker does note the medications, tramadol and hydrocodone, are helpful in relieving the pain. On physical exam, the physician states decreased sensation to S1 dermatomes on the left. California MTUS Guidelines does note epidural steroid injection is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for use of epidural steroid injection is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants). The injured worker does have low back pain that does radiate bilaterally to the lower extremities with sharp, stabbing pain. Sensation was noted to be decreased in the S1 dermatomes on the left. However, there was a lack of documentation to show that the injured worker was initially unresponsive to conservative treatment and also there was no imaging studies and/or electrodiagnostic testing to corroborate the radiculopathy. Therefore, the request is non-certified.