

<b>Case Number:</b>	CM14-0002595		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	07/20/2011
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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, and is licensed to practice in Illinois. 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 48-year-old female who reported an injury on 07/20/2011 secondary to repetitive motion injury. There was an MRI dated 07/12/2013, noting scoliotic curvature of the lumbar spine, disc protrusion of L3-L4 with abutment of the L4 nerve root and disc protrusion of L4-L5 with abutment of the L5 nerve root. The injured worker was evaluated on 12/03/2013, for reports of low back pain rated at 7/10 radiating down leg to the knee. The exam noted tenderness to palpation to the paravertebral muscles, facet tenderness to L4-S1, positive Piriformis tenderness and stress, sacroiliac tenderness, Faber's test, sacroiliac thrust test, and Yeoman's test to the right side and positive straight leg raise bilaterally. The exam also noted the lumbar spine range of motion at 20 degrees for bilateral lateral bending and flexion of 60 degrees. The diagnoses included lumbar disc disease, lumbar radiculopathy, right sacroiliac joint arthropathy and right piriformis syndrome. The treatment plan included epidural steroid injection and continued medication therapy. The request for authorization is not in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TWO (2) RIGHT L4-L5 AND RIGHT L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTIONS (ESI) LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs), Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs), Page(s): 46.

**Decision rationale:** The Chronic Pain Guidelines recommend epidural steroid injection (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The injured worker should be initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. There is an official MRI report indicating nerve root abutment at L4 and L5; however, there is no significant objective evidence of radiculopathy in the documentation provided. There is also a lack of evidence of failure of conservative therapies and the intended use of fluoroscopy during the procedure. Therefore, the request for two (2) right L4-L5 and right L5-S1 transforaminal epidural steroid injections (ESI) lumbar spine is non-certified.