

<b>Case Number:</b>	CM14-0006061		
<b>Date Assigned:</b>	04/07/2014	<b>Date of Injury:</b>	03/18/2012
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### **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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 67-year-old male who reported an injury on 03/18/2012 after a fall off a ladder. The injured worker reportedly sustained an injury to his low back. Treatment history included bilateral L5-S1 epidural steroid injections, physical therapy, medications, and activity modifications. The injured worker underwent an MRI of the lumbar spine in 08/2013 that documented that the injured worker had grade I retrolisthesis of the L5 on S1, a disc bulge at the L3-4 which caused bilateral neural foraminal narrowing, disc bulge at the L4-5 which caused mild bilateral neural foraminal narrowing, and a disc bulge at the L5-S1 which caused significant bilateral neural foraminal narrowing. The injured worker was evaluated on 10/22/2013 after a left-sided lumbar epidural steroid injection. It was documented that the injured worker received at least 50% pain relief and noticeably reduced radicular symptoms to the left side. It was documented that the injured worker had ongoing right-sided radicular complaints. Physical findings included tenderness to palpation and muscle spasm with increased lumbar range of motion. It was also noted that the injured worker had light touch sensation decreased in the medial aspect of both calves and intact motor strength in both bilateral lower extremities. The injured worker was evaluated on 01/07/2014. It was documented that the treating provider felt that epidural steroid injections involving the L4, L5, and S1 nerve roots were appropriate for the injured worker.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EPIDURAL INJECTION WITH CORTICOSTEROID AT L3-4, L5-S1 AND RIGHT S1:**  
Upheld

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

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

**Decision rationale:** The requested EPIDURAL INJECTION WITH CORTICOSTEROID AT L3-4, L5-S1 AND RIGHT S1 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have physical findings of radiculopathy corroborated by an imaging study that have failed to respond to physical therapy. The clinical documentation submitted for review does indicate that the injured worker had a good response to previous left-sided epidural steroid injections at the requested level. However, there is no documentation that the injured worker has ever received right-sided epidural steroid injections. The clinical documentation submitted for review does contain an MRI that supports the possibility of radicular complaints at the L3-4, L4-5, and L5-S1 levels. The injured worker's most recent clinical evaluation documented that the injured worker had decreased sensation over the medial aspect of both calves with intact motor strength of the bilateral lower extremities. This correlates with the S1-2 dermatomal distributions. There was no physical evidence provided of radiculopathy in the L3-4 dermatomal distributions. Therefore, the need for an L3-4 epidural steroid injection is not clearly indicated. As such, the requested EPIDURAL INJECTION WITH CORTICOSTEROID AT L3-4, L5-S1 AND RIGHT S1 is not medically necessary or appropriate.