

<b>Case Number:</b>	CM14-0008647		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Occupational Medicine, and is licensed to practice in California. 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 35-year-old male who has submitted a claim for lumbar disc herniation L5-S1 and possible right L5 radiculopathy associated with an industrial injury date of January 7, 2013. Medical records from 2013 were reviewed. The patient complained of lower back pain with radiation to the right leg. Physical examination showed tenderness over the lumbar paraspinal muscles, positive straight leg raise test on the right, and 4/5 motor strength at the right extensor hallucis longus. MRI of the lumbar spine from July 4, 2013 showed central disc protrusion at L5-S1 abutting the descending S1 nerve roots and bilateral neural foraminal narrowing at L5-S1. Treatment to date has included activity modifications, NSAIDs, opioids, muscle relaxants, antidepressants, and physical therapy. Utilization review from December 31, 2013 denied the request for interlaminar ESI at L5-S1 with fluoroscopic guidance and conscious sedation because of minimal objective findings consistent with radiculopathy in the right leg, and none in the left. MRI of the lumbar spine was not included in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTERLAMINAR ESI AT L5-S1 WITH FUOROSCOPIC GUIDANCE AND CONSCIOUS SEDATION:** 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 Page(s): 46.

**Decision rationale:** According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants), injections should be performed using fluoroscopy, if used for diagnostic purposes, a maximum of two injections should be performed. In this case, the patient complained of lower back pain with radiation to the right leg. MRI of the lumbar spine from July 4, 2013 showed central disc protrusion at L5-S1 abutting the descending S1 nerve roots and bilateral neural foraminal narrowing at L5-S1. However, physical examination findings are equivocal for radiculopathy. In addition, the request did not specify the laterality intended for injection. The request is incomplete. Therefore, the request for interlaminar ESI at L5-S1 with fluoroscopic guidance and conscious sedation is not medically necessary.