

<b>Case Number:</b>	CM14-0010768		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Management and is licensed to practice in Tennessee. 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 49-year-old male who has submitted a claim for lumbar disc displacement L4-L5 and L5-S1 and lumbar radiculopathy associated with an industrial injury date of March 20, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of constant lower back pain and occasional shooting pains to the legs. Physical examination of the lumbar spine showed tenderness over bilateral paravertebral muscles, sacroiliac joints, and bilateral sciatic notch; restricted ROM; positive SLR at 60 degrees on the left yielding S1 dermatomal pain, on the right at 80 degrees yielding low back pain and left buttock pain; positive Patrick's test bilaterally; and reduced sensation to light touch in the left S1 dermatome. Lumbar spine MRI from August 21, 2013 showed disc bulge at L4-L5 of 2mm with a small central annular tear with an interval enlargement to the prior films of the far left lateral and foraminal broad-based disc protrusion extending 8mm beyond the vertebral body margin. Treatment to date has included NSAIDs, opioids, acupuncture, home exercise programs, and physical therapy. Utilization review from January 20, 2014 denied the request for L4-L5 epidural steroid injection due to equivocal physical examination findings and lack of corroboration from imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 epidural steroid injection:** Upheld

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

**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 constant lower back pain and occasional shooting pains to the legs. Lumbar spine MRI from August 21, 2013 showed disc bulge at L4-L5 of 2mm with a small central annular tear with an interval enlargement to the prior films of the far left lateral and foraminal broad-based disc protrusion extending 8mm beyond the vertebral body margin. However, physical examination findings are equivocal for radiculopathy. In addition, the request did not indicate the laterality of the requested steroid injection. Therefore, the request for L4-L5 epidural steroid injection is not medically necessary.