

<b>Case Number:</b>	CM14-0011412		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 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:

This 44 year-old patient sustained an injury on 10/4/12 while employed by [REDACTED]. Request(s) under consideration include 2 epidural steroid injections at L4-S1. Diagnoses include Brachial Neuritis or Radiculitis NOS. MRI of the lumbar spine dated 2/6/13 showed 3 mm disc bulges at L4-5 and L5-S1 with mild to moderate canal and foraminal stenosis. Report of 7/25/13 from the provider noted the patient with ongoing low back pain radiating to buttocks. Exam showed lumbar spine tenderness, spasms, diffuse generalized weakness of 4/5 motor strength throughout; normal heel and toe walking; negative SLR; limited lumbar range of motion with flex/ext/lateral bending/rotation 45/5/25/30 degrees. Report of 11/14/13 from the provider noted cervical spine pain with no change since last visit; lumbar spine getting progressively worse. Exam noted positive triggers of the cervical spine. Request(s) for 2 epidural steroid injections at L4-S1 was non-certified on 1/13/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### (2) EPIDURAL STEROID INJECTIONS AT L4-S1: Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (ESIs), page 46, Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) Page(s): 46.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits to support the epidural injections. Clinical findings indicate pain and limitation on range of motions with spasms; however, without any motor or sensory deficits or radicular signs. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. It has been noted the patient is making overall improvement with physical therapy. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The 2 Epidural Steroid Injections at L4-S1 is not medically necessary and appropriate.