

<b>Case Number:</b>	CM14-0011444		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	01/15/2014
<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:

The injured worker is a 34-year-old male who reported an injury on 12/18/2012 due to lifting a 300 pound patient. The injured worker complained of bilateral low back pain that radiated to the buttocks, which the right side was more painful than the left. Physical examination revealed tenderness upon palpation of the bilateral sacroiliac joints and lumbar paraspinal muscles overlaying bilateral L3 to S1 facet joints. Muscle girth was symmetric in the bilateral lower extremities. There was full and painless range of motion in all limbs without instability except for right lower extremity and left lower extremity. Lumbar ranges of motion were restricted by pain in all directions. Lumbar extension was worse than lumbar flexion. Sacroiliac provocative maneuvers including Gaenslen's, Patrick's maneuver, Yeoman's, and pressure at the sacral sulcus were positive bilaterally. Deep tendon reflexes were 1 and symmetric bilaterally in all limbs. Muscle strength was 5/5 in all limbs, except for bilateral peroneals and tibialis anterior, which were 4+/5. Sensation was intact to light touch, pinprick, proprioception, and vibration in all limbs. An MRI revealed L5 and S1 nerve root compression due to L4-5 disc herniation, which correlates to his lower extremity radicular symptoms and muscle weakness. The injured worker has diagnoses of central disc herniation at L4-5, measuring 3 mm with bilateral L5 and S1 nerve root compression, bilateral L5 and S1 radiculopathy with lower extremity weakness, transitional L5-S1, lumbar facet joint pain at L3 to L5, lumbar facet joint arthropathy, bilateral sacroiliac joint pain, mild bilateral facet joint hypertrophy at L4-5, moderate right and mild left foraminal narrowing with partial effacement of right peroneal fat, moderate right and mild left foraminal, lumbar degenerative disc disease, and lumbar sprain/strain. Past treatments include a failed medial branch block, physical therapy, and medication therapy. Current medications include baclofen, Effexor, gabapentin 600 mg 2 times a day, tramadol 50 mg 2 tabs a day, Protonix, lisinopril 10 mg, Percocet 10 mg 1 to 2 tablets per day, and Lidoderm patch. The current

treatment plan is for a fluoroscopically guided lumbar epidural steroid injection right L4-5, L5-S1. The rationale was not submitted for review. The request for authorization form was submitted on 12/30/2013.

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

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

#### **FLUOROSCOPICALLY GUIDED LUMBAR EPIDURAL STEROID INJECTION RIGHT L4-5, L5-S1: 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 Injection Page(s): 46..

**Decision rationale:** The injured worker complained of bilateral low back pain that radiated to the buttocks, which the right side was more painful than the left. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend Epidural Steroid Injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). MTUS guidelines also state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. They must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). Evidence must be documented and be corroborated with MRI. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The submitted report lacked evidence that the injured worker had been initially unresponsive to conservative care. There was also no evidence of a home exercise program. The report lacked documentation of significantly decreased sensation or motor strength with clear corroboration by MRI. As such, the request for Fluoroscopically Guided Lumbar Epidural Steroid Injection Right L4-5, L5-S1 is not medically necessary.