

<b>Case Number:</b>	CM14-0013651		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 38-year-old female who reported an injury on 03/26/2013. The mechanism of injury involved repetitive work activity. Current diagnoses include lumbago, displacement of lumbar intervertebral discs without myelopathy, myalgia, and lateral recess stenosis at L5-S1. The injured worker was evaluated on 09/05/2013. The injured worker reported persistent lower back pain with right lower extremity radiation. Previous conservative treatment includes medication management, heat application, and activity modification. Physical examination revealed positive Kemp's testing, positive facet loading maneuver, positive straight leg raising bilaterally, intact sensation, tenderness to palpation, facet joint tenderness, and limited lumbar range of motion. The treatment recommendations at that time included a lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CAUDAL EPIDURAL BLOCK WITH A RIGHT L5 TRANSFORAMINAL BLOCK:**

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 Epidural Steroid Injection Page(s): 46.

**Decision rationale:** California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, there is no evidence of an unresponsiveness to conservative treatment to include exercises, physical methods, NSAIDs, and muscle relaxants. There were also no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. Therefore, the injured worker does not meet criteria for an epidural steroid injection at this time. As such, the request is not medically necessary.