

<b>Case Number:</b>	CM14-0122640		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Emergency 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 56 year old male who reported an injury on 01/10/2012 after bending over to reach for something. The diagnoses included lumbosacral sprain/strain, degenerative disc disease at L2-3 to L5-S1, radicular left lower extremity numbness and tingling, and low back pain. Past treatments included physical therapy, medication, and epidural steroid injections on the left at L4-L5 and L5-S1 on 04/13/2013 and 07/02/2013. Diagnostic studies included x-rays of the back and multiple MRIs of the lumbar spine, the most recent dated 01/29/2013, which indicated degenerative disc changes at L2-3, to L5-S1, unofficial. There was no pertinent surgical history. The clinical note dated 06/11/2014 indicated the injured worker complained of low back pain radiating down the left leg, with numbness and tingling in the left leg. Physical examination revealed tenderness to palpation at the left sacroiliac joint. Current medications were not listed. The treatment plan included an epidural steroid injection, left lumbar spine; the rationale for treatment was not provided. The request for authorization form was signed on 07/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection, Left Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The California MTUS Guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The criteria for use of epidural steroid injections includes documented physical exam findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing, and pain initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The injured worker complained of low back pain radiating down the left leg, with numbness and tingling in the left leg. The injured worker previously had two epidural steroid injections at the left L4-5 and L5-S1 levels. There is a lack of documentation to indicate that the injured worker had functional improvement and at least 50% pain relief for six to eight weeks. Additionally, there is a lack of physical exam findings along with imaging studies and/or electrodiagnostic testing to corroborate the injured workers symptoms of radiculopathy. Furthermore, the request does not indicate the specific location for the injection. Therefore, the request for epidural steroid injection left lumbar spine is not medically necessary.