

<b>Case Number:</b>	CM14-0129437		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	09/12/2003
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 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 57 year old male who sustained an injury to his low back on 09/12/03 while straining a crank to lift a trailer up in order to pull it with a tractor. He was straining to move the crank and developed low back pain, left shoulder pain and left leg pain. The injured worker presented to the clinic with low back pain and radiculopathy in the bilateral lower extremities. He was placed on modified work restrictions and was given a TENS unit. By 11/20/03, the injured worker underwent MRI of the lumbar spine which reportedly revealed discogenic changes at L4-5 and L5-S1 with a broad based left paracentral disc protrusion at L5-S1 without neural compromise; there is bilateral neural foraminal stenosis which was described as mild to moderate and there was moderate to severe bilateral neural foraminal stenosis, worse on the left than the right; and small central disc protrusion at L5-S1. The progress report dated 07/01/14, reported that the injured worker continued to complain of low back pain. He had intermittent numbness in the bilateral lower extremities. Physical examination noted anteflexion of the trunk upon the pelvis allows for 55 degrees of flexion; extension 5 degrees, rotation 20 degrees bilaterally; bilateral lateral flexion 10 degrees; and paralumbar tenderness from L2 to L5-S1, left greater than right. The injured worker was recommended for lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection:** 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 injections Page(s): 46.

**Decision rationale:** The request for lumbar epidural steroid injection is not medically necessary. The previous request was denied on the basis that there was no objective evidence of radiculopathy confirmed on clinical examination as required by current evidence based guidelines. Based on those guidelines, the request was not deemed as medically appropriate. The CAMTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no recent imaging study submitted for review that would correlate with limited physical examination findings of an active radiculopathy at any level in the lumbar spine. Furthermore, the level/laterality was not specified in the request. Given this, the request for lumbar epidural steroid injection is not medically necessary.