

<b>Case Number:</b>	CM14-0133005		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Nevada. 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 records, presented for review, indicate that this 34-year-old male was reportedly injured on 5/20/2013. The mechanism of injury was noted as a low back injury after lifting a heavy container. The most recent progress note, dated 7/30/2014, indicated that there were ongoing complaints of low back pain. Physical examination demonstrated normal lordosis, tenderness of the lumbosacral spine and paraspinal muscles from L4-S1 without spasm. Range of motion was painful, although within normal limits. There was negative straight leg raise test bilaterally, negative Faber's test and Patrick's test extension and Gaenslen's tests. Gait was functional, and the neurological exam stated, "The patient has radicular pain in the L5-S1 distribution". MRI of the lumbar spine, dated 7/1/2013, demonstrated a 3 mm protrusion without mass effect at L5-S1. Electrodiagnostic studies were not available for review; however, the progress note stated revealed mild S1 lumbar radiculopathy. Diagnoses: Myofascial sprain/strain of lumbosacral spine, degenerative disk disease and lumbar radiculopathy. Previous treatment included physical therapy and medications. A request had been made for Lumbar Epidural Steroid Injection (LESI) at the bilateral L4-L5 and L5-S1 levels with radiofrequency ablation, which was not certified in the utilization review on 8/8/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection (LESI) at the Bilateral L4-5 and L5-S1 levels with radiofrequency ablation: 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 Page(s): 46 of 127..

**Decision rationale:** MTUS treatment guidelines support epidural steroid injections when lumbar radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, and considering the criteria for the use of epidural steroid injections as outlined in the MTUS, there is insufficient clinical evidence presented that the proposed procedure meets the guidelines. Specifically, there is no objective documentation of any neurological deficits on examination or significant foraminal/canal stenosis on MRI of the lumbar spine. As such, this request is deemed not medically necessary.