

<b>Case Number:</b>	CM14-0168808		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	08/14/2008
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 64 year-old male with a date of injury of 8/14/2008. A review of the medical documentation indicates that the patient is undergoing treatment for low back, neck, left shoulder, and right lower extremity pain. Subjective complaints (10/13/2014) include pain that is exacerbated by activity and interference with daily activities. Objective findings (10/13/2014) include an antalgic gait, palpation to tenderness in the lumbar spine, pain with spinal movement, decreased right lower extremity strength, positive straight leg raise, and slightly decreased reflexes and sensation to light touch in the right lower extremity. Diagnoses include lumbosacral radiculitis, myalgia, cervicalgia, and upper extremity pain. The patient has undergone studies to include MRI on 8/26/2014 which showed annular fissure at the L4-5 and L5-S1 levels but no neural compromise. The patient has previously undergone multiple medication therapy acupuncture, and lumbar injection. A utilization review dated 9/29/2014 did not certify the request for right L5-S1 transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L5-S1 Transforaminal 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 ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic

**Decision rationale:** MTUS guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain. 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. Radiculopathy must be documented and corroborated by imaging studies, and guidelines also state that failed response to conservative treatment should be detailed. A maximum of two injections should be performed, with the second used only if there is inadequate response to the first injection. Medical documentation in this case does show potentially radicular findings on physical examination by the treating physician, but not in a clear dermatomal pattern. The MRI findings do not corroborate these radicular findings as there was no neural compromise found. There is no documentation that shows conservative therapy (such as exercises, physical methods, or NSAIDs) has failed, or that other rehab efforts or a home exercise program are being utilized. There is also an indication that a previous lumbar injection was utilized and only gave a few days of relief. Therefore, the request for right L5-S1 transforaminal epidural steroid injection is not medically necessary at this time.