

<b>Case Number:</b>	CM14-0171009		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	12/13/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Management, and is licensed to practice in Tennessee. 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:

This is a 55-year-old male with a 12/13/13 date of injury, when he fell onto metal gate and sustained injuries to his back. The patient underwent lumbar discectomy in 1996 and lumbar ablation in 1998. The MRI of the thoracolumbar spine (undated, the radiology report was not available for the review) revealed a large disc extrusion at T12-L1 which extended proximally posterior to the T12 body; mid to lower thoracic spondylotic changes with foraminal stenosis and no specific neural compression consistent with the left lower extremity S1 radicular symptoms or the right L5 radicular symptoms. The patient was seen on 9/25/14 with complaints of mid and lower back pain and left leg pain. The patient stated that 90% of his pain was in his lower thoracic and lumbar region and the pain was described as aching and burning. The remaining 5% of his pain was in the left leg described as burning sensation. Exam findings of the thoracic spine revealed normal sensation to light touch and normal range of motion. The examination of the lumbar spine revealed no pain, no significant paraspinal muscle spasm and negative FABER sign. The range of motion was: flexion 30 degrees, extension 5 degrees and left and right lateral bending 10 degrees. The straight leg raising test was positive on the left and the sensation was normal. The diagnosis is status post lumbar surgery, chronic axial lower back pain and left leg pain, mid back pain. Treatment to date: work restrictions, TENS unit, heat/ice, medications, physical therapy and back brace. An adverse determination was received on 10/7/14 given that there was no documentation of objective signs of radiculopathy and that the type of the injection was not specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**epidural steroid injection T12-L1 and L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. However, there is a lack of documentation indicating objective findings of radiculopathy on the physical examination. In addition, the MRI report was not available for the review. Lastly, the request did not specify the side of the injection. Therefore, the request for epidural steroid injection T12-L1 and L4-5 is not medically necessary.