

<b>Case Number:</b>	CM14-0171345		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/09/2014
<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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 32 year old male who reported an injury on 12/17/2013. The mechanism of injury reportedly occurred when the injured worker was moving equipment. His diagnoses included myofascial pain syndrome and a strain of the lumbar spine. His past treatments have included medications, work modification, physical therapy, chiropractic treatment, lumbar epidural steroid injection at the L4-5 level on 05/21/2014 and exercise. Diagnostic studies included an unofficial MRI of the lumbar spine which was performed on 01/17/2014 with findings of a 2 millimeter bulge with mild foraminal stenosis at the L4-5 level, electromyography and nerve conduction studies of the left lower extremity with negative findings. His surgical history was not provided. Upon examination on 11/11/2014 the injured worker complained of back pain with numbness and spasm. Upon further examination of the lumbar spine, the injured worker had spasms of the lumbar spine paraspinal muscles, a negative straight leg raise, and decreased range of motion of the lumbar spine by of the lumbar spine by 10% in all planes. His medication regimen included Naprosyn, Omeprazole, Flexeril, Neurontin and topical analgesic gel. His treatment plan included acupuncture, trigger point injections, a topical analgesic to help with numbness and a follow-up visit on 12/11/2014. The rationale for the request for Left L4, L5 and S1 Epidural Steroid Injection was not provided. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4, L5 and S1 Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The injured worker had low back pain and muscle spasm. The California MTUS Guidelines recommend Epidural Steroid Injections for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and /or electrodiagnostic testing. Patients should be unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) and injections should be performed using fluoroscopy for guidance. The clinical note dated 11/11/2014 indicated that the injured worker had back pain with some numbness which was improving with medication. The documentation indicated the injured worker had a negative straight leg raise. The documentation indicated the injured worker had a negative straight leg raise. An MRI of the lumbar spine was performed on 01/17/2014 which revealed a 2 millimeter bulge with mild foraminal stenosis at the L4-5 level. An EMG/NCS of the left lower extremity was performed on 04/10/2014 which demonstrated no evidence of lumbrosacral radiculopathy or peripheral neuropathy. There is a lack of documentation indicating the injured worker had findings indicative of neurologic deficit including decreased motor strength or sensation upon physical examination in a specific myotomal or dermatomal distribution, and the injured worker had a negative straight leg raise. The requesting physician did not provide an official MRI report for review and the electrodiagnostic study was negative. Additionally, the request did not include the use of fluoroscopy for guidance. As such, the request for Left L4, L5 and S1 Epidural Steroid Injection is not medically necessary.