

<b>Case Number:</b>	CM14-0179731		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	04/05/2007
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine 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 58-year-old male who reported an injury on 04/05/2007. The mechanism of injury was due to a slip and fall. The injured worker has a diagnosis of lumbar discogenic disease, lumbar facet disease bilaterally at L3-4, L4-5, and L5-S1, bilateral calf pain with no underlying medical etiology. The medical treatment consists of injections, physical therapy, and medication therapy. Medications include hydrocodone, cyclobenzaprine, gabapentin, naproxen, and omeprazole. An MRI of the lumbar spine shows bulging disc at L3-4, L4-5, and L5-S1. It also revealed bilateral facet disease at L3-4, L4-5, and L5-S1. On 10/22/2014, the injured worker complained of lumbar spine pain. It was noted on physical examination that objective findings were unchanged. It was noted that there was decreased range of motion with pain in the low back. Range of motion was decreased. There was flexion of 45 degrees and extension of 10 degrees, all with pain in low back. It was also noted that there was swelling of the right knee with no evidence of meniscal disease. There was decreased pain and touch sensation in the right L4 nerve root distribution. He had equal reflexes bilaterally at the knees and ankles and was normal and had normal gait. The medical treatment plan was for the injured worker to undergo additional ESI at L4-5 and L5-S1. The rationale and Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Epidural Steroid Injection (ESI) at L4-L5 and L5 and S1 and (two (2) visits) at an outpatient facility under fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The request for outpatient ESI at L4-5 and L5-S1 is not medically necessary. The California MTUS Guidelines recommend that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS guidelines also state that initially the patient should be unresponsive to conservative treatment (exercise, physical therapy, NSAIDs and muscle relaxants). The report submitted lacked evidence of any prior physical therapy and/or medications. The report also lacked any documentation of the injured worker's pain levels. There was no evidence to suggest that the injured worker would not benefit from a home exercise program. Furthermore, the guidelines stipulate that radiculopathy must be documented by physical examination and corroborated by imaging studies. Physical examination revealed decreased range of motion and decreased sensation to touch. However, MRI on the injured worker revealed no evidence of radiculopathy. Additionally, it was noted in the documentation that the injured worker had undergone previous ESI. The submitted documentation lacked evidence of the efficacy of the previous ESIs being beneficial to the injured worker. As such, the request is not medically necessary.