

<b>Case Number:</b>	CM14-0021282		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	02/09/2000
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 52-year-old male who has submitted a claim for lumbar/lumbosacral disc degeneration associated with an industrial injury date of 02/09/2000. Medical records from 12/17/2013 to 04/06/2014 were reviewed and showed that patient complained of back pain radiating into the right leg, associated with tingling sensation. Patient also complains of constant dull buttock pain. Physical examination showed that straight leg raise test was positive on the right. Hyporeflexia was noted in the upper extremities, and DTRs were absent in the right knee and bilateral ankles. Patient was unable to heel walk on the right due to weakness. Sensation was decreased in the right lower extremity. MRI of the lumbar spine showed mild to moderate degenerative disc disease greatest at L3-L4 and L4-L5, mild left neuroforaminal narrowing at L4-L5, and minimal right greater than left neuroforaminal narrowing at L5-S1. Treatment to date has included ibuprofen, Aleve, and Vicodin. Utilization review, dated 02/13/2014, denied the request for epidural steroid injection at L3-L4, L4-L5 x2 because the documents do not unequivocally describe a radiculopathy on both physical examination and imaging/electrodiagnostic studies, and a series of 2 injections is not supported by guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EPIDURAL STEROID INJECTION AT L3-4, L4-5 X 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. In this case, the patient complains of back pain radiating into the right leg and constant buttock pain despite medications. On physical examination, areflexia of the right knee and bilateral ankles, positive right SLR, right lower extremity weakness and hyposthesia were noted. MRI of the lumbar spine showed mild and minimal neuroforaminal narrowing at the left L4-L5 and bilateral L5-S1 levels, respectively. Although the patient has focal neurological deficits on physical examination, MRI findings do not show evidence of nerve root compromise. The criteria have not been met. Therefore, the request for STEROID INJECTION AT L3-4, L4-5 X 2 is not medically necessary.