

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0021395 |                              |            |
| <b>Date Assigned:</b> | 05/07/2014   | <b>Date of Injury:</b>       | 06/04/2011 |
| <b>Decision Date:</b> | 07/10/2014   | <b>UR Denial Date:</b>       | 02/04/2014 |
| <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 Orthopedic Surgery, and is licensed to practice in Texas. 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 55 year old female whose date of injury was 06/04/11. On that day she slipped on a wet floor and lost her balance injuring her low back. She complained of low back pain radiating to the left lower extremity. Electromyography (EMG) dated 04/30/12 report showed mild acute left L5 radiculopathy, but no official report was provided. MRI of the lumbar spine on 07/05/13 was noted to show 1.5mm annular disc protrusion at L4-5, but again no official radiology report was submitted for review. Current treatment included physical therapy and trigger point injections. Medications included tramadol. The patient was seen for orthopedic evaluation on 08/21/13 and was determined as not a surgical candidate. Evaluator thought that facets might have been the pain generator and recommended pain management referral for consideration of facet injections and possible facet rhizotomy. On 10/09/13 the injured worker was seen for pain management evaluation it was noted the injured worker described 50% back pain and 50% left leg pain, with radicular symptoms in L5 distribution. Medications were listed as Fexmid and tramadol. On examination the injured worker was 5'3" tall and weighed 150 pounds. Lumbar spine examination revealed normal lumbar lordosis, with no evidence of scoliosis or increased thoracic kyphosis. Leg lengths were equal. There was tenderness to palpation about the lumbar par vertebral musculature and sciatic notch region. There were trigger points in taut bands with tenderness to palpation throughout. Lumbar spine range of motion was decreased on planes. Deep tendon reflexes were 2+ at bilateral knees and ankles. Motor strength was 5/5 throughout the right lower extremity, with the exception of 4/5 left ankle flexion, ankle extension, and great toe extension. Sensory exam was decreased to pin prick along the posterior lateral thigh, lateral calf, and dorsum of the foot on the left. Straight leg raise was positive on the left in the modified sitting position at about 45 degrees, and positive on the right at 60 degrees. Examination revealed mild atrophy of the left calf and ankle musculature when compared to the

right. The injured worker was seen for pain management or pain medicine reevaluation on 01/08/14 with subjective complaints of low back pain radiating to the left lower extremity. Lumbar examination revealed tenderness to palpation bilaterally in the par vertebral area L4-S1 levels. Pain was significantly increased with flexion/extension. The injured worker was suggested to undergo lumbar epidural steroid injection (spine levels and laterality not provided).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **LUMBAR EPIDURAL STEROID INJECTION (SPINE LEVELS AND LATERALITY ARE NOT PROVIDED): 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 INJECTIONS (ESI) Page(s): 46.

**Decision rationale:** California MTUS reflect that epidural steroid injection may be indicated for patients with radiculopathy as evidenced by objective findings on physical examination. Radiculopathy must be corroborated by imaging studies and/or electro diagnostic testing, and the patient must have tried and failed an appropriate course of conservative care. While the injured worker does have physical examination findings indicative of radiculopathy, these findings are not consistent with minimal findings on the lumbar MRI. Also no official reports of diagnostic/imaging studies were provided for review. The level or levels and laterality of the proposed lumbar epidural steroid injection are not stated. As such, the requested lumbar epidural steroid injection cannot be established as medically necessary.