

<b>Case Number:</b>	CM14-0025111		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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, has a subspecialty in Pain Medicine 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 50 year old male who was injured on 06/12/2012 when he fell from an improvised scaffold and landed on his back. He had complaints of low back pain with radiation into the lower extremities. Per report dated 12/10/2013, the injured worker was seen on 11/25/13 for initial orthopedic evaluation. Reference was made to MRI of the lumbar spine dated 07/30/2012, however, no radiology report was provided. The records reflected that the injured was conservatively treated with medications, physical therapy and acupuncture. Physical examination on that date noted the injured worker to be 5'6" tall and 184 pounds. Examination of the lower back revealed paralumbar spasm on the right side, bilateral negative straight leg raise, normal motor strength, 2+ and symmetric reflexes, and normal sensory examination. The injured worker was seen on 01/07/2014 with main problem seems to be the lower back whenever he bends over. Physical examination is unchanged. Impression revealed a five millimeter disc protrusion to lumbar spine per MRI, and the injured worker was recommended to undergo lumbar epidural steroid injections. He was prescribed Tramadol and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LESI (LUMBAR EPIDURAL STEROID INJECTION) X2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS).

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

**Decision rationale:** Per CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injection require documentation of radiculopathy by physical examination with radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. There should be evidence that the patient has been initially unresponsive to conservative treatment such as physical therapy/exercise, NSAIDs and muscle relaxants. Criteria for repeat injections require continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. There were no official reports of diagnostic/imaging reports submitted for review with objective evidence of neurocompressive pathology of the lumbar spine. Physical examination revealed no evidence of neurologic deficits with normal motor, sensory and reflexes. It also is noted that the request as submitted did not identify the level or levels to be injected. Based on the clinical information provided, medical necessity is not established for LESI (lumbar epidural steroid injection) times two.