

<b>Case Number:</b>	CM14-0026127		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 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 56-year-old male who reported an injury on 07/03/2013. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar sprain/strain, right lumbar radiculopathy. Previous treatments included epidural injections, MRI, TENS unit, and medication. Within the clinical note dated 01/11/2014, it was reported the injured worker complained of constant, aching, burning, stabbing, and pins and needles pain in the lower back. He rated his pain 6/10 to 8/10 in intensity. The injured worker reported pain radiated into the buttock, right more than left. He complained of weakness, giving away, catching, swelling, numbness, locking, and grinding of the low back. Upon physical examination, the provider indicated discomfort to palpation at the L4-5 and S1. The provider noted flexion and extension to be normal. The provider indicated the injured worker's deep tendon reflexes were 2+ and symmetrical. The provider indicated sensory was normal. Motor strength was normal. The provider indicated the injured worker had a positive straight leg raise test on the right and left. The provider requested for an injection of the lumbar/sacral spine. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INJECT SPINE LUMBAR/ SACRAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 46.

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

**Decision rationale:** The injured worker complained of weakness, giving away, catching, swelling, numbness, locking, and grinding of the low back. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain defined as pain in a 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 study testing; initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs, and muscle relaxants. The guidelines recommend if epidural steroid injections are used for a diagnostic purpose, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks. The current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. There is a lack of documentation indicating the injured worker had been unresponsive to conservative treatments, including exercise, physical methods, NSAIDs, and muscle relaxants. The injured worker has previously undergone a lumbar epidural steroid injection; it was not documented the injured worker had at least 50% pain relief associated with reduction of medication use for at least 6 to 8 weeks. The request submitted fails to indicate the type of injection the provider is requesting. The request submitted failed to provide the level for the requested injection. Therefore, the request for an injection of the spine, lumbar/sacral, is not medically necessary.