

<b>Case Number:</b>	CM14-0026243		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2014

### 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 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:

This 41-year-old patient sustained an injury on 6/3/13, while employed by [REDACTED]. The request(s) under consideration include left L4 and right S1 transforaminal epidural steroid injections. The report of 1/17/14 from the provider, noted the patient with persistent low back pain and right leg pain. The patient requested to be taken off work until the next appointment as well as a course of acupuncture. An exam showed slow gait; unable to sit for prolonged periods; positive muscle tenderness at bilateral lumbar; positive facet loading on right; positive straight leg raise at 70 degrees; muscle strength of 5/5 in lower muscles; light touch decreased sensation over medial and lateral calf and anterior thigh. An MRI of 10/16/13, revealed loss of disc hydration at L5-S1 with minimal endplate spurring without significant canal stenosis. The request(s) for left L4 and right S1 transforaminal epidural steroid injections was non-certified on 2/12/14, citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT L4 AND RIGHT S1 TRANSFORAMINAL EPIDURAL STEROID INJECTIONS:**

Upheld

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

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

**Decision rationale:** The Chronic Pain Guidelines recommend an epidural steroid injection (ESI) as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. The criteria for repeating the epidurals have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities, such as acupuncture requested by the patient to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The request is not medically necessary and appropriate.