

<b>Case Number:</b>	CM14-0027288		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 37-year-old male who reported an injury on 06/08/2012. The injury reported was when the injured worker was lifting sheetrock and experienced left testicular/groin symptoms. The diagnoses include thoracic/lumbosacral neuritis or radiculitis, lumbago. Previous treatments include surgery, urologic nerve blocks, bilateral laparoscopic hernia surgery. Within the clinical note dated 01/17/2014, it was reported the injured worker complained of occasional testicular, groin, inner thigh symptoms associated with low back pain/discomfort. Upon the physical examination of the lumbar spine, the provider noted pain with palpation with extension/flexion, tenderness over the paralumbar extensors. Provider noted the range of motion of the lumbar spine was limited due to stiffness, pain on extremes of motion. The injured worker had a positive straight leg raise test bilaterally. The injured worker had 5/5 motor strength in the bilateral lower extremities and sensation was intact to light touch throughout the bilateral lower extremities. Deep tendon reflexes were bilaterally symmetrical. The provider noted the injured worker had dysesthesias on sharp touch at L1, L2 dermatomes. The injured worker underwent an MRI on 12/09/2013 which reported abnormalities of the medullaris or cauda equina. The L3-4 disc level there is a minimal grade anterolisthesis and mild diffuse disc bulge with superimposed right and left sided annular tears at the level of the neural foramina without evidence for transligamentous herniation and without significant lateral recess or foraminal encroachment on either side. The provider requested for bilateral L1-2 transforaminal epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL L1-L2 TRANSFORAMINAL EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LOW BACK COMPLAINTS, EPIDURAL STEROID INJECTION.

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

**Decision rationale:** The injured worker complained of testicular, groin, inner thigh pain with associated with low back pain/discomfort. The California MTUS Guidelines recommend epidural steroid injections as an option for 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, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs, and muscle relaxants. The guidelines recommend epidural steroid injections if used for diagnostic purposes 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 intervals 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 lack of significant objective findings indicating neurological deficits as decreased motor strength, decreased sensation. There is lack of significant objective findings of radicular pain. Lack of documentation indicating the injured worker to have been unresponsive to conservative treatment, including exercise, physical methods, NSAIDs, and muscle relaxants. Therefore, the request is not medically necessary.