

<b>Case Number:</b>	CM14-0032644		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Alabama, New York, and Maryland. 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 patient is a 65 year old male who was injured on 12/03/2013. He sustained an injury when he slipped and fell down the stairs. He injured his right shoulder, left knee, and low back. The patient underwent L2 selective sympathetic ganglion block and L3 selective sympathetic ganglion block on the left side on 01/27/2014, 02/10/2014, and 10/30/2013. Prior treatment history has included physical therapy. Diagnostic studies reviewed include electrodiagnostic consultation dated 01/14/2014 revealed findings consistent with chronic bilateral S1 radiculopathy. There is no evidence of acute lumbar radiculopathy nor is there any evidence of entrapment neuropathy at any level of the bilateral lower extremities. Follow up ortho evaluation dated 02/19/2014 indicates the patient has gait abnormality and complained of weakness and instability as well as walking. He is unable to bend or stoop. Objective findings on exam revealed a wide based gait and he cannot heel/toe walk. The patient is unable to squat. Range of motion to the lumbar spine revealed forward flexion to 35; extension to 16; right lateral flexion to 17; left lateral flexion to 17; and right and left rotation to 20. There is tenderness and spasm of the lumbar paravertebral musculature. The patient is diagnosed with lytic spondylolisthesis, lumbar spine at L5-S1, with lumbar disc herniation and radiculopathy. The treatment and plan included formal physical therapy for 4 weeks and a lumbar epidural injection. Prior utilization review dated 02/28/2014 states the request for 1 left L5-S1 and S1 level neural foraminal epidural steroid injection between 01/24/2014 and 04/10/2014 is not certified as there is no comprehensive assessment of treatment completed to date and there is no evidence of lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 LEFT L5-S1 AND S1 LEVEL NEURAL FORAMINAL EPIDURAL STEROID INJECTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for use.

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

**Decision rationale:** The MTUS Guidelines recommends the use of epidural steroid injections for the reduction of pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. Radiculopathy must be documented by physical examination and corroborated by imaging or electrodiagnostic studies. The medical records do not document any physical examination findings to suggest an underlying radiculopathy. Further, the documents show no electrodiagnostic or neuro imaging to suggest this in correlation with the physical exam. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.