

<b>Case Number:</b>	CM14-0033410		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/21/2010
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 42 year old male who sustained an injury to his low back on 06/21/10. The mechanism of injury was not documented. Electrodiagnostic study (EMG/NCS) of the bilateral lower extremities was unremarkable with no abnormalities found. The injured worker continues to have chronic pain condition with lumbar discogenic and radiculopathy. The records indicate that the injured worker is status post lumbar fusion at L4-5 and L5-S1 and is having recurrent pain with low back and radicular symptoms into his right leg. He rated his pain at 7-8/10 visual analogue scale (VAS) and continues to require medications to help him with pain and keep him functional. Current medications include Norco, Gabapentin, Soma, and Prilosec. Physical examination noted moderate tenderness to palpation over the left L4-5 and L5-S1 lumbar interspaces; range of motion limited between 40 to 60% with muscular guarding; diminished muscle strength at 5-/5 with bilateral hip flexion, 4/5 in the right knee with flexion and extension, 4/5 in the right ankle dorsa flexion and plantar flexion; straight leg raise positive right at 45 degrees. 4975

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Lumbar Epidural Steroid Injection at L4-L5 and L%-S1 under Myelography and Fluoroscopic Guidance:** 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 (ESIs) Page(s): 46.

**Decision rationale:** The request for right lumbar epidural steroid injection at L4-5 and L5-S1 under myelography and fluoroscopic guidance is not medically necessary. The previous request was partially certified for a right lumbar epidural steroid injection at L4-5. Given the failure to objectively corroborate radiculopathy at the right L5-S1 level, a recent computed tomography (CT) scan only revealed possible radicular pain generators at the left L5-S1 level, an epidural steroid injection at this level and laterality would not be medically indicated. After reviewing the clinical documentation provided, there was no additional significant objective clinical information that would support reversing the previous adverse determination. Given this, the request for right lumbar epidural steroid injection at L4-5 and L5-S1 under myelography and fluoroscopic guidance is not indicated as medically necessary.