

<b>Case Number:</b>	CM14-0036664		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/19/2011
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 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 34-year-old male who reported an injury on 06/19/2011. The injury reportedly occurred when he strained his back while planting flowers. His diagnosis is status post disc replacement at L5-S1. His past treatments were noted to include use of a cane for ambulation, pain medication, muscle relaxants, anticonvulsants, physical therapy, and previous spinal surgery. On 03/12/2014, the injured worker presented with low back pain. It was noted that electrodiagnostic studies on an unspecified date had recently revealed normal findings. On physical examination, he was noted to have spasm and shooting pain. There was no documentation regarding evaluation of straight leg raises, motor strength, sensation, or reflexes. A recommendation was made for an epidural steroid injection at the L4-5 level to determine if this level was causing his symptoms. A Request for Authorization form for the requested right-sided L4-5 epidural steroid injection using fluoroscopy was not included in the submitted medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right sided L4-L5 epidural steroid injection using fluoroscopy.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines: Epidural Steroid Injections.

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

**Decision rationale:** According to the California MTUS Guidelines, epidural steroid injections may be recommended to facilitate progression in more active treatment programs when documentation shows radiculopathy on physical examination and corroboration by imaging studies and/or electrodiagnostic testing. In addition, the patient needs to have been shown to have been initially unresponsive to conservative treatment including physical therapy, home exercise, NSAIDs, and muscle relaxants. The clinical information submitted for review indicates that the patient has attempted multiple conservative treatment options, including physical therapy and medications. He was also shown to have low back pain. However, the clinical note failed to indicate whether he had radiating pain into his right lower extremity. In addition, his physical examination findings did not include any neurological deficits or findings suggestive of radiculopathy, such as decreased motor strength or sensation and specific distribution. Further, it was noted that recent electrodiagnostic studies had not revealed evidence of radiculopathy. Therefore, as the patient's physical examination failed to reveal findings consistent with radiculopathy, and there was no corroboration with diagnostic testing, the request for a right-sided L4-5 epidural steroid injection is not supported. As such, the request is not medically necessary.