

<b>Case Number:</b>	CM14-0038580		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/14/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 65 year old male who reported an injury on 11/14/2012. The mechanism of injury was caused by lifting a heavy object. Diagnoses included lumbar pain and sciatica. Past treatments included epidural steroid injection, a back brace and medications. Diagnostic studies included EMG/NCV completed on 01/17/2014 which revealed L5-S1 lumbar radiculopathy and mild distal sensory neuropathy. An MRI of the lumbar spine completed in 2012 revealed L3-4 disc bulge, L4-5 disc herniation, and L5-S1 spinal stenosis, unofficial. Past surgical history was not provided. The clinical note dated 02/19/2014 indicated the injured worker complained of low back pain rated 7/10 that was radiating to the right leg, as well as spasms in the right thigh and calf. Physical exam revealed positive straight leg raise. Current medications included prednisone. The treatment plan included one lumbar epidural steroid injection. The rationale for treatment and request for authorization form were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Lumbar Epidural Steroid Injection, as an Outpatient (laterality, levels and use of fluoroscopy not specified): Upheld**

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria for use include documented physical findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing, and initially unresponsive to conservative treatment including exercise, physical methods, NSAIDs and muscle relaxants. The documentation indicates the injured worker has low back pain which radiates to the lower extremities and a positive straight leg raise. There is a lack of objective documentation which demonstrates that the injured worker has significant objective findings upon physical examination indicative of neurologic deficit. There is a lack of documentation to support the injured worker has undergone recent conservative treatments including exercise, physical therapy, and medications. In addition, the request does not include the location for the lumbar epidural steroid injection and a request for the use of fluoroscopy with the injection. Therefore, the request is considered not medically necessary.