

<b>Case Number:</b>	CM14-0045339		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/10/2009
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Occupational 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 patient is a 64-year-old male who has submitted a claim for lumbar disc displacement associated with an industrial injury date of 08/10/2009. Medical records from 2013 to 2014 were reviewed and showed that patient complained of ongoing and increasing pain to the lumbar spine radiating down the legs, with numbness and tingling worse on the left. Physical examination showed flattening of the normal lordotic curvature. Tenderness over the paraspinal region with spasticity was noted. There was referred pain to both buttocks and lower extremities. The patient had difficulty toe and heel walking. Range of motion was limited. Straight leg raise test was positive bilaterally. DTRs were normal. Motor strength was 5/5 bilaterally. Sensation was decreased over the L4, L5, and S1 dermatomal distributions. MRI of the lumbar spine, dated 01/02/2013, showed a 2-3 mm diffuse posterior disc bulge with narrowing of the neuroforamina, anterior thecal sac, and bilateral facet arthropathy partially contributing to the subarticular recess narrowing bilaterally at the level of L4-L5. The official report of the imaging study was not provided for review. Treatment to date has included medications, TENS, acupuncture, chiropractic therapy, and physical therapy. The Utilization Review determination dated 03/20/2014 denied the request for epidural steroid injection because the medical records did not show physical examination findings consistent with radiculopathy including neurologic deficits and diagnostic studies including an MRI and/or EMG; lack of documentation of conservative care including specific medications and prior physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Lumbar Epidural Injection Right L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

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

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, the patient complains of back pain accompanied by radicular symptoms despite medications and physical therapy. Physical examination showed positive straight leg raise test and hypoesthesia over the L4, L5, and S1 dermatomal distributions. However, MRI of the lumbar spine, dated 01/02/2013, failed to specify the degree of neural foraminal narrowing or to show nerve root compromise. The criteria for epidural steroid injections have not been met. Therefore, the request for Lumbar Epidural Injection Right L4-5 is not medically necessary.