

<b>Case Number:</b>	CM14-0053276		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/24/2009
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Ohio and 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 48-year-old male who reported an injury on 06/24/2009. He had an artificial disc replacement at C5-6. The injured worker had an MRI, x-rays of the cervical spine, and physical therapy. The mechanism of injury was not provided. The injured worker underwent an MRI of the lumbar spine on 03/04/2014, which revealed there was 1 mm to 2 mm annular disc bulge minimally encroaching on the thecal sac without nerve root encroachment at the level of L3-4. The physical examination of 03/12/2014 revealed the injured worker had low back pain that was not improving. The pain was shooting into the right buttock and leg. Physical examination revealed sensation was intact to light touch. Motor strength was 5/5 in the bilateral lower extremities. There were no sensory deficits of the lower extremities. The straight leg raise was positive on the right. The deep tendon reflexes were diminished at the right Achilles, which were a trace. The diagnoses included lumbar disc displacement and radiculopathy, as well as low back pain. The treatment plan included a lumbar epidural steroid injection on the right at L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inject spine lumbar/sacral:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections for the treatment of radiculopathy. There should be documentation of objective findings upon physical examination that are corroborated by imaging and/or electrodiagnostic studies. There should be documentation of a failure of conservative treatment including NSAID therapy and muscle relaxants. The clinical documentation submitted for review indicated the injured worker had normal myotomal and dermatomal findings. The reflexes were noted to be decreased at the right Achilles and the injured worker had a positive straight leg raise on the right, without indication of radiating pain. There a lack of corroboration with imaging studies or electrodiagnostics as the MRI did not reflect nerve impingement. There was a lack of documentation of a failure of conservative care. The request as submitted failed to indicate the laterality and the level for the requested injection, as well as the specific injection. Given the above, the request for inject spine lumbar/sacral is not medically necessary.