

<b>Case Number:</b>	CM14-0056781		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/20/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 55-year-old female who reported injury on May 20, 2011. The mechanism of injury was the injured worker dropped an item on her foot and sustained a crush injury. Other treatments included physical therapy and an injection. The injured worker underwent an MRI of the lumbar spine without contrast on May 24, 2013, which revealed at the level of L5-S1, there was a 5 mm right paracentral disc protrusion just abutting the ventral aspect of the right S1 nerve root, annular disruption, and mild facet arthropathy. At the level of L4-5, there was a mild bilateral foraminal stenosis, right greater than left, secondary to broad-based annular bulge, right foraminal protrusion, annular disruption right posterolateral aspect of the disc, and mild facet arthropathy. At the level of L3-4, there was mild right foraminal stenosis secondary to mild right foraminal protrusion with annular disruption and mild facet arthropathy. The documentation of January 21, 2014 revealed the injured worker had a complaint of severe right lower extremity pain, worse in the ankle and foot with associated swelling, discoloration, stiffness, temperature changes, sweating, abnormalities, and cramping due to complex regional pain syndrome (CRPS) type 1. Physical therapy provided temporary relief. The injured worker was noted to have undergone a right superficial peroneal nerve and right posterior tibial nerve injection in the office. The injured worker's medications included ketamine, diclofenac, indo and lido cream, Neurontin 300mg, and Cymbalta 60mg. The surgical history was stated to be none. Physical examination revealed the injured worker had tenderness over L4 and L5 on the right, and at the right SI joint. There was full range of motion in the back in all planes. Sitting straight leg raise was negative bilaterally. The injured worker had an abnormal heel and toe walk on the right. The strength was decreased in the right foot and ankle. The lower extremity strength was 4+/5 in the right quads and hamstring. The right tibialis anterior, extensor hallucis longus, plantar flexor, and dorsiflexor were 3+/5. The injured worker had decreased right L4, L4-5, and S1

sensation. There was no motor or sensory loss in the left extremity. The request was made for a right L5-S1 lumbar epidural steroid injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lumbar Spine Steroid Injection to the right L5-S1 with epidurography and anesthesia:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain 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 when there are objective findings of radiculopathy that are corroborated by imaging and/or electrodiagnostic studies. There should be documentation of a failure of conservative treatment including physical therapy, NSAIDs, and muscle relaxants. The clinical documentation submitted for review indicated the injured worker had objective findings at L5-S1 per the MRI and physical examination. However, there was a lack of documentation of a failure of conservative treatment. The office note was incomplete and the treatment plan was not provided to verify the procedure that was being requested. Given the above, the request is not medically necessary.