

<b>Case Number:</b>	CM14-0056803		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/13/2010
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Internal Medicine and is licensed to practice in Pennsylvania. 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 61-year-old gentleman with a date of injury of 07/13/2010. A visit notes dated 11/12/2013 identified the mechanism of injury as cumulative trauma. Treating physician notes dated 10/15/2013, 10/24/2013, 11/12/2013, 12/10/2013, 01/07/2014, 01/16/2014, 01/28/2014, 02/04/2014, 03/04/2014, and 04/01/2014 indicated the worker was experiencing lower back pain that went into both legs, pain in both knees, groin numbness, and problems sleeping. The worker had a medication injected medication near the L5 spine nerves in the back on 01/15/2014. The pain decreased by more than 50% and function improved; the improvements lasted approximately 2 months. Documented examinations consistently described tenderness to both knees, decreased feeling in the back of the left lower leg and left groin, tenderness at the left sciatic notch at the base of the back, straightening of the normal lower back curve, and positive testing involving raising a straightened left leg. Examination findings did not change after medications were injected in the back. A MRI of the lower back done on 04/28/2011 showed mild L5 disk desiccation changes and a T12 hemangioma. The submitted and reviewed documentation concluded the worker was suffering from lower back pain, knee strain/sprain, and elbow/arm strain/sprain. Treatment recommendations included oral and topical pain medication, a home exercise program, yoga, group psychotherapy, and repeat injection of medication near the L5 spine nerves in the back. A Utilization Review decision was rendered on 04/09/2014 recommending denial for a L5-S1 epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 Epidural Injection:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into both legs, pain in knees, groin numbness, and problems sleeping. The worker had a medication injected near the L5 spine nerves in the back on 01/15/2014. The pain decreased by more than 50% and function improved. These benefits lasted approximately 2 months. However, there was no report of decreased medication as a result of these improvements. In addition, the radiculopathy was not documented by either imaging studies or electrodiagnostic testing. In the absence of such evidence, the current request for a L5-S1 epidural injection is not medically necessary.