

<b>Case Number:</b>	CM14-0057670		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/08/2014
<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 and Rehabilitation 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 injured worker is a 45-year-old-male sustained an industrial injury on 03/26/2013 while lifting a box at work. Subsequently the patient developed pain in the lower back radiating down to the right buttock, leg and foot associated with numbness and weakness. The patient reported intermittent aggravation of symptoms at night. Medications: Norco, Ibuprofen, Medrol, Flexeril. On examination, range of motion was painful at the lumbar spine. Straight leg raising in lying down position was 30 degrees on the right side and 70 degrees on the left side. Deep tendon reflexes were 2+ at the knees and ankles. The sensation was intact to light touch. Motor muscle testing of lumbar nerve roots L1-S1 (hip flexion, quadriceps, tibialis anterior, EHL, and gastrocnemius) reveals no weakness with equal strength bilaterally graded 5/5. Reflexes: Deep tendon reflexes are equal bilaterally 2+ at L4 and S1 (patellar and Achilles reflexes). Magnetic resonance imaging (MRI) of the lumbar spine dated 4/29/13 has showed L4-5 disc protrusion. The Diagnoses was lumbar disc displacement and lumbar radiculitis. Recommendation was lumbar epidural injection. UR determinations for L4-5 lumbar epidural steroid injection under sedation were denial due to lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 Lumbar Epidural Steroid Injection under sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** As per California Medical Treatment Utilization Schedule (MTUS) guidelines, the purpose of Epidural steroid injections (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per California (MTUS) guidelines, ESIs are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no evidence of neurological deficits on the exam. There is no imaging evidence of nerve root compression. There is no electrodiagnostic evidence of radiculopathy. There is no documentation of trial and failure of conservative management such as physiotherapy. Therefore, the medical necessity of the request for ESI is not established.