

<b>Case Number:</b>	CM14-0062357		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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, Pain Medicine 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 52-year-old male who reported an injury on 08/21/2012. The mechanism of injury was a fall off a ladder. On 04/14/2014, the injured worker presented with significant pain in the neck, low back, right hand, and continued with persistent headaches. Upon examination, there was diffuse paraspinal cervical tenderness and spasm and diffuse lumbar tenderness with spasm. There was pain with cervical and lumbar flexion and extension. The motor strength for the lower extremity was 5/5 in the bilateral hip flexion, quad, tibialis anterior, EHL, and gastroc soleus. The diagnoses were blunt head trauma with loss of consciousness and ongoing headaches post contusion syndrome, cervical spine sprain/strain, lumbosacral sprain/strain, history of left rib fracture, and history of electrocution. There was an MRI of the lumbar spine that revealed 3 mm diffuse broad based disc bulge and left lateral recess obliteration with left L4 nerve root compression at L3-4. There was also 3 mm diffuse broad based disc bulge at L4-5 with completely obliterated left lateral recess. There was right S1 nerve root compression, and left lateral recess narrowing due to bulging of the disc. Prior therapy included medications and topical analgesics. The provider recommended an epidural steroid injection at the L1-S1; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection at L1-S1:** Upheld

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

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

**Decision rationale:** The request for epidural steroid injection at L1-S1 is not medically necessary. According to California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy for guidance and no more than 2 nerve root levels should be injected using transforaminal blocks. Documentation submitted for review revealed diffuse lumbar tenderness with spasm and lower extremity 5/5 strength. There was lack of documentation indicating the results of a straight leg raise sensory examination. Without clear evidence of radicular pain and corroboration of imaging studies with physical examination of radiculopathy, an epidural steroid injection would not be indicated. Additionally, documentation should show the injured worker was initially unresponsive to conservative treatment and that the injured worker would be participating in an active treatment program following the requested injection. The provider's request does not indicate the use of fluoroscopy for guidance in the request as submitted and the request for a steroid injection from L1-S1 exceeds the guidelines recommendation. Based on the above information, the request is not medically necessary.