

<b>Case Number:</b>	CM14-0063790		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/30/2003
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 60 year old male who sustained an injury to his low back on 04/30/03. The mechanism of injury was not documented. Clinical note dated 06/26/14 reported that the injured worker continued to complain of low back pain with significant cramping of the lower legs, right greater than left. He was using Skelaxin and that re-initiation of Gabapentin once again caused headaches. The treating physician noted that they were awaiting authorization for lumbar MRI. Physical examination noted positive tenderness and increased muscle tension bilaterally; decreased hyperesthesia along the L4 dermatomal group on the right and to lesser extent in the L5-S1 distribution on the left; positive straight leg raise, decreased range of motion with forward flexion 35 degrees extension 10 degrees; dysesthesia along the L5 dermatomal pattern on the left. Previous MRI reportedly revealed moderate to severe degeneration causing stenosis and neural foraminal encroachment with L4-5 spondylolisthesis grade I affecting the L4-5 nerve root on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection L5-S1 nerve root:** 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 injections (ESIs) Page(s): 46.

**Decision rationale:** The previous request was denied on the basis that the injured worker physical examination findings did not correlate with diagnostic findings of an active radiculopathy in the S1 dermatome. Electrodiagnostic studies (EMG/NCV) was positive for mild right lumbar radiculopathy. The provider noted on examination sensory changes of the L5 dermatome. The CAMTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given this, the request for Epidural Steroid Injection to the L5-S1 nerve root is not medically necessary.