

<b>Case Number:</b>	CM14-0072252		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/12/2005
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 53-year-old male who reported an injury on 10/12/2005 due to an injured sustained while placing 25 foot power poles into pole holes from his truck. The injured worker complained of lower back pain, gluteal pain to the legs and the thighs. The injured worker had diagnoses of chronic pain due to trauma, adjustment disorder with depressed mood, and myositis, unspecified, sciatica, postlaminectomy syndrome of the lumbar region, degenerative disc disease of the lumbar, lower back pain, radiculopathy to the thoracic or lumbosacral. The medications included diazepam and Norco. The injured worker reported his pain 8/10 using the VAS with medication and 10/10 without medication. The diagnostics included an electromyogram/nerve conduction study. Past treatments included physical therapy and medication. The physical assessment dated 04/25/2014 of the lumbar spine revealed antalgic gait, surgical scar present, and muscle tone to the lower extremities was within normal limits; paraspinous tone was normal, no spasms, and maximum tenderness. Range of motion was flexion 45 degrees, extension was 10 degrees, bilateral lower extremity strength was normal, hip strength was within normal limits. The reflexes were 2/4 to the right and 0/4 to the left. Pinprick at the L4-5 were decreased on the right, L4 was absent to the left. The treatment plan included an epidural steroid injection at the left L4. The request for authorization was not submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Steroid/Anesthetic Injection: Transforaminal Epidural Steroid Injection Left L4:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is no information on improved function. The criteria for use for an ESI are: radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. The documentation was not evident of any imaging studies to collaborate the radiculitis or radiculopathy. The documentation lacked the failed conservative care. The request did not indicate the use of fluoroscopy for guidance. As such, the request for Steroid/Anesthetic Injection: Transforaminal Epidural Steroid Injection Left L4 is not medically necessary.