

<b>Case Number:</b>	CM14-0123097		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Rehab, 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:

This 46 year old injured worker (IW) incurred an injury on 09/17/2013 when stretching upward to clean an area she was working in and felt a sharp pain in the low back radiating to the right leg. The IW did not receive immediate treatment but was referred one week after the incident to an industrial clinic where she received x-rays of the lumbar spine, medications and a back brace. Four physical therapy visits were provided and the IW was released back to regular duties. The worker continued working with increasing back discomfort. She was terminated from her employment and last worked on 10/18/2013. The IW complains of constant pain in the low back rated 9/10 and characterized as aching with radiation to the right lower extremity posteriorly to the back of the knees. The IW has difficulty in bathing, dressing, cleaning the home, and grocery shopping due to low back pain. On 05/20/2014 current medications were Naproxen, omeprazole, and tramadol for pain. She walks without crutches with an antalgic gait. On exam, there is tenderness on the right piriformis and no facet joint tenderness. The sciatic nerve root tension test shows positive sciatic notch tenderness, Lasegue's sign and straight leg raise on the right. Sciatic notch tenderness, Lasegue's sign and straight leg raise are negative on the left. There is increased pain on flexion of the lumbar spine. Lower extremity motor function was normal bilaterally, and lower extremity reflexes are trace and trace at the knee and ankle. No sensory deficit was elicited with pinwheel testing of the lower extremities. Report of an MRI of the lumbar spine dated 10/30/2013 shows a 1-2mm diffuse disc bulge at L4-L5 and mild to moderate spinal canal stenosis. At L5-S1 there is a 2mm disc bulge with mild to moderate facet arthropathy that contributes to mild to moderate bilateral neural foraminal stenosis. Diagnosis Right lumbar radiculopathy On 07/07/2014, separate requests for authorization were submitted for eight visits of aquatic therapy, and a right L5-S1 lumbar epidural. On 07/09/2014, a utilization review letter was issued non-certifying the requested lumbar ESI based on the

findings of the neurological evaluation and the MRI. ACOEM (American College of Occupational and Environmental Medicine) chapter on Low Back disorders section on Epidural Steroid Injection was used as a reference. The IW filed an application for independent medical review on 02/26/2014 for the right L5-S1 lumbar epidural.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **RT L5-S1 EPIDURAL STEROID INJECTION: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The patient presents with low back pain. The current request is for RT L5-S1 EPIDURAL STEROID INJECTION. The treating physician states "In light of the right sided sciatic symptoms and findings of lumbar radiculopathy...at this time to trial the patient with epidural steroid injection." The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case, the treating physician has documented radiculopathy with positive orthopedic testing and has corroborated the diagnosis with imaging/testing based on the report dated 05/20/14 (54). There is no documentation of a prior trial of lumbar ESI for this patient. The documentation review does meet the requirements as outlined in the guidelines. Recommendation is for authorization.