

<b>Case Number:</b>	CM14-0193384		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Internal Medicine 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 (IW) is a 37-year-old man with a date of injury of October 13, 2011. The mechanism of injury was not documented in the medical record. Pursuant to the October 6, 2014 progress note, the IW complains of constant low back pain that radiated to his lower extremities with numbness, tingling, and weakness. He is advised to continue with conservative treatment and was recommended for a medical weight loss program. The records noted 8 previous authorized physical therapy visits. On examination of the lumbar spine, there is tenderness at the lumbosacral junction and bilateral flank regions with restricted range of motion. Paresthesia is noted in the distribution area of the bilateral L4, L5, and S1 regions. There is tenderness of the sciatic nerves bilaterally down the calves, right greater than left. Leagues test is positive in a seated and supine position to 20 degrees on the right and to 60 degrees on the left. MRI of the lumbar spine dated June 2, 2014 revealed a 3 mm disc protrusion at L4-L5 and L5-S1 causing mild to moderate neural foraminal narrowing bilaterally. There is slight indentation of the nerve roots especially at the L4-L5 level, prominent more on the right than the left. The IW has been diagnosed with lumbar spine sprain/strain; lumbar disc protrusion at L4 through S2; and right lower extremity radiculopathy. The IW failed conservative therapy of the low back. The provider is recommending epidural steroid injection of the lumbar spine. The specific level or levels to be injected were not provided or mentioned in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection times 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Epidural Steroid Injections

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injection times one is not medically necessary. Epidural steroid injections are recommended as a possible option for short-term treatment of radicular pain. The criteria include, but are not limited to, radiculopathy must be documented; Objective findings need to be present; Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic studies; initially unresponsive to conservative treatment; repeat injections should be based on continued objective documented only, decreased need for pain medications and functional response. In this case, the injured worker is 37 years old with a date of injury October 13, 2011. The working diagnosis or lumbar spine strain/sprain, lumbar disc protrusions at L4 through S2, and right lower extremity radiculopathy. The injured worker failed conservative treatment and confirmatory electrodiagnostic studies and imaging was performed. The injured worker has met the criteria for epidural steroid injections. However, the level to which the injection is to be given is not documented in the request. Consequently, the lumbar epidural steroid injection is not medically necessary absent the specific level or levels to be injected. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, lumbar epidural steroid injection times one is not medically necessary.