

<b>Case Number:</b>	CM14-0202367		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	05/03/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63-year-old male who reported an injury on 05/03/2009. The mechanism of injury was not provided. His diagnoses include displacement of cervical intervertebral disc without myelopathy and cervical radiculitis. Past treatments were noted to include an epidural steroid injection at the L4-5 level on 10/29/2013 and medications. The injured worker reported 0% reduction in pain and very minimal functional improvement with the epidural steroid injection. An unofficial MRI of the lumbar spine performed on 06/21/2014 was noted to reveal L4-5 disc herniation with bilateral neural foraminal narrowing affecting the L4 exiting nerve root. On 10/09/2014, it was indicated the injured worker had complaints of pain to the lower back that radiated down the bilateral legs. He associated the pain with numbness and tingling to his feet. He rated his pain as a 9/10. Upon physical examination, it was noted the injured worker had a bilateral positive straight leg raise, decreased motor strength measuring 4/5 to the bilateral lower extremities, and diminished sensation to the bilateral L4-5 dermatomal distribution. It was indicated that his deep tendon reflexes measured 1+4 in the bilateral lower extremities. Relevant medications were not included in the report. The treatment plan was noted to include epidural steroid injections of the lumbar and cervical spine, an orthopedic evaluation, and physical therapy. A request was received for lumbar epidural steroid injection at L4-5 without a rationale. The Request for Authorization was signed 10/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection at L4-5: 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 (ESIs) Page(s): 46.

**Decision rationale:** The request for lumbar epidural steroid injection at L4-5 is not medically necessary. According to the California MTUS Guidelines, epidural steroid injections (ESIs) are to reduce pain and inflammation, thereby facilitating the progress in an active therapeutic exercise program. The guidelines indicate that repeat injections are based on the efficacy of the previous injection, noting at least a 50% pain relief with associated reduction in pain medications for 6 to 8 weeks and functional improvement. The clinical documentation submitted for review did not indicate that the previous injection provided him with significant relief and functional improvement. It was also not indicated that he had a reduction in medications from the previous injection. Moreover, it was not indicated that the injured worker would participate in an adjunctive active therapeutic exercise program. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request did not specify that the injection was to be given with the guidance of fluoroscopy. As such, the request for lumbar epidural steroid injection at L4-5 is not medically necessary.