

<b>Case Number:</b>	CM13-0046884		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 and Rehabilitation 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 40-year-old male who was reportedly injured on 11/26/2012. The mechanism of injury is noted as an industrial injury. Treatment has included medications and physical therapy. Lumbar magnetic resonance image dated 12/28/2012 showed L4-5 3mm disc bulge with a paracentral annular fissure causing mild deformity of the thecal sac, but central canal was patent. Mild facet arthrosis with mild right foraminal stenosis. Last progress report prior to epidural steroid injection dated 03/25/2013 noted the injured worker complaining of low back pain radiating down to the right foot rating 8-9/10. Physical examination noted the injured worker leaning to the left, lumbar flexion to 20 degrees, extension to 10 degrees and painful positive right straight leg raise at 40 degrees, positive Kemp tests bilaterally, tender right lumbar paraspinal muscles with modestly palpable muscle spasms, 4/5 strength of the right leg and decreased sensation to light touch and pin prick along the right L4 dermatomal distribution. A retrospective request (5/17/2013) lumbar transforaminal epidural steroid injection under flouroscopy guidance of the right L5 was denied by utilization review on 10/18/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETOSPECTIVE REQUEST (5/17/2013) LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION UNDER FLOUROSCOPY GUIDANCE OF THE RIGHT L5:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

**Decision rationale:** Per guidelines, Epidural steroid injections (ESIs), recommended as an option for treatment of radicular pain. 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. Per the guidelines criteria, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is insufficient documentation to support the necessity of the requested procedure. Therefore, the request is considered not medically necessary according to guidelines and based on the available clinical information.