

<b>Case Number:</b>	CM14-0117880		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Texas & Illinois. 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 46-year-old male who reported an injury on 05/08/2013. The mechanism of injury was not provided. On 05/29/2014, the injured worker presented with low back pain and right leg symptoms. Upon examination, there was decreased sensation to the right L4-S1 dermatomes; there were 4+/5 strength in the right TA, EHL, inversion and eversion. There was a positive right sided straight leg raise. The diagnoses were lumbar radiculopathy, grade 2 spondylolisthesis at L5-S1 with bilateral L5 pars defect and lumbar disc herniation with neural foraminal narrowing. An MRI of the lumbar spine performed on 03/19/2014 revealed broad-based posterior and pseudo disc herniation indenting on the thecal sac causing narrowing of the bilateral neural foramen that contacted bilateral L5 exiting nerve roots at the L5-S1. Prior treatment included chiropractic care, medications, and topical creams. The provider recommended a lumbar epidural steroid injection at the right L5-S1, the provider's rationale was not provided. The Request for Authorization Form was dated 05/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection of the right L5-S1:** 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 Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The request for a lumbar epidural steroid injection at the right L5-S1 is not medically necessary. According to California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance but no more than 2 nerve root levels should be injected using transforaminal blocks. The documentation submitted for review stated that the injured worker had completed chiropractic care, medications and topical creams. There was lack of documentation if the injured worker had completed an adequate course of physical therapy. An MRI was noted to demonstrate broad-based posterior and pseudo disc herniation indenting on the thecal sac causing narrowing of the bilateral neural foramen that contact the bilateral L5 exiting roots at L5-S1. There was a positive right sided straight leg raise. There was normal motor strength, reflexes and sensation upon examination. The physical examination does not clearly corroborate radiculopathy with imaging and/or electrodiagnostic testing. In addition, the documentation failed to show the injured worker would be participating in an active treatment program following the requested injection. The provider's request does not indicate the use of fluoroscopy for guidance in the request as submitted. Based on the above, the request is not medically necessary.