

<b>Case Number:</b>	CM14-0122605		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/14/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/10/2014
<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 and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 29-year-old female who reported an injury on 10/14/2013 while participating in an outdoor activity in a relay race for work, and she was inside an inflatable Zorb ball. While racing, she stated her left foot slipped out of the opening and fell inside the inflatable ball. With the momentum of the ball, she rolled a few times and hit her head. Diagnostic studies were cervical sprain/strain, thoracic sprain/strain, lumbosacral sprain/strain with radiation right side, and probable discopathy at L4-5. Past treatments have been physical therapy, medications, and occipital nerve blocks. An MRI of the cervical spine without contrast revealed straightening of the normal lordotic curve. Vertebral body heights and bone marrow signal were normal. There was downward displacement of the cerebral tonsils to approximately 13 mm below the foramen magnum. At C2-3 and C3-4, no disc bulges were seen. At C4-5, there was a tiny right sided uncovertebral osteophyte. At C5-6, C6-7, and C7-T1, no disc bulges were seen. The physical examination on 07/28/2014 revealed ongoing complaints of neck and low back pain. The examination of the cervical spine revealed on palpation, demonstrated diffuse paraspinal tenderness at C4 through C7 as well as upper traps. The examination of the lumbar spine demonstrated tenderness at the L4-5 and L5-S1, as well as superior iliac crest tenderness, more so on the right than on the left. There was tenderness along the course of sciatic nerve as well as left sciatic notch. The injured worker was unable to do the Faber, Gaenslen, or straight leg raise due to unable to lie flat on her back. Range of motion for the lumbar spine was flexion was to 20 degrees and extension was to 10 degrees. Motor strength was normal for upper extremities. Deep tendon reflexes were 2 for the quadriceps and the Achilles. Sensation was within normal limits in the bilateral lower extremities. The straight leg raise in the sitting position was to 65 degrees bilaterally. The treatment plan was for aquatic therapy. Medications were not reported. The rationale and Request for Authorization were not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection under fluoroscopy at L3-4 right:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 91.

**Decision rationale:** The decision for Lumbar Epidural Steroid Injection under Fluoroscopy at L3-4 right is not medically necessary. The California Medical Treatment Utilization Schedule recommends for an epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and / or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDs and muscle relaxants. No more than two nerve root levels should be injected using transforminal blocks. No more than one interlaminar level should be injected at one session. Radiculopathy was not objectively reported on examination. Medications were not reported. Specific dermatomes were not examined. The clinical information submitted for review does not provide evidence to justify a lumbar epidural steroid injection. Therefore, this request is not medically necessary.