

<b>Case Number:</b>	CM14-0141721		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/14/2014
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Ohio. 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 31-year-old female who reported an injury on 04/16/2014, due to trying to help a 320 pound lady, which she had to lift. The medical records were reviewed. The diagnoses were lumbago and lumbar disc herniation. MRI of the lumbar spine without contrast, dated 07/23/2014, revealed a small, central disc extrusion at the L5-S1. Past treatments were chiropractic sessions and acupuncture. Physical examination on 08/27/2014 revealed complaints of low back pain that radiated down the left leg. The pain was reported to be 9/10. The injured worker reported the pain was a sharp pain and constant, and was relieved with constant movement. There were reports of insomnia and anxiety. Examination of the lower extremities revealed tenderness to palpation on the lumbosacral region, left greater than right. There was mild tenderness in the left piriformis muscle. Range of motion was normal. Sensation was intact to light touch bilaterally, lower extremities. There was some give way weakness in the left lower extremity. Reflexes were decreased in the left patella. There was a positive straight leg raise test bilaterally and a positive Patrick maneuver. Treatment was for epidural steroid injection of the L5-S1. 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:

**Outpatient Caudal Epidural Steroid Injection L5-S1 at [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The decision for outpatient caudal epidural steroid injection, L5-S1, at [REDACTED], is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. An 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. There is no information on improved function. The criteria for use of an epidural steroid injection is radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. There is a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercise, physical methods, and medications. The request did not indicate the use of fluoroscopy for guidance in the request. The clinical information submitted for review does not provide evidence to justify outpatient caudal epidural steroid injection at the L5-S1. Therefore, this request is not medically necessary.