

<b>Case Number:</b>	CM14-0155175		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	12/25/2012
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 General Surgery, has a subspecialty in Surgery of the Hand and is licensed to practice in Texas. 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:

Patient is a 62-year-old male with a 12/25/12 date of injury. He felt a popping sensation in the back followed by intense pain, burning in bilateral legs, when he was bending over to pick a paper of a copy machine. 09/03/14 progress report states that the patient presents for follow-up of low back pain and bilateral leg radiculopathy. Examination reveals tenderness to palpation in the paralumbar region, 10 degree less flexion and extension, 5 degree less lateral rotation and bend, positive SLR bilaterally. Patient rates his pain at 8/10. 08/18/14 progress report states that the patient failed to improve with rest and anti-inflammatory medications; the objective findings described are the same as the ones indicated in 09/03/14 report, in addition to a 4/5 strength of the bilateral lower extremities, and some numbness in the front of his legs. The requesting physician states that the patient has had a prior epidural injection with some success. Diagnosis: Lumbar disk herniation with left leg radiculopathy. Pharmacological therapy has included Norco, Flexeril, and Relafen. 04/07/14 progress report states the patient has no tenderness to palpation, normal range of motion of thoracolumbar spine, negative straight leg raise test. The physician states the diagnosis of lumbar disk disease L4-5 5 mm protrusion. The physician states no diagnostic testing was reviewed, and concludes that patient is permanent and stationary, capable of doing his regular job without restrictions. Per prior UR determination, lumbar MRI was performed on 02/19/13 and revealed a 4 to 5 mm central focal disk protrusion at L4-5, facet arthropathy, moderate central canal stenosis, mild to moderate bilateral foraminal stenosis. On 01/10/14 lumbar epidural steroid injections (LESI) was performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** The medical necessity for a lumbar epidural steroid injection has not been established. The documentation provided does not describe the efficacy of the prior injection. In addition, the guidelines require a clinical diagnosis of radiculopathy, whereas the physical exam does not describe specific dermatomal correlation of symptoms, and the physician is not specifying the level he is targeting for the injection. The MRI is 18 months old. The degree of leg elevation, revealing positive SLR test, is not specified. Recommendation: Non-certify.