

<b>Case Number:</b>	CM14-0159692		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine, 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 34-year-old male who reported an injury on 08/12/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of dizziness and giddiness; sprain of the lumbar region; contusion, not otherwise specified; sciatica; and lumbar disc displacement. Past medical treatment consists of the use of a TENS unit, lumbar epidural steroid injections, acupuncture, physical therapy, and medication therapy. Medications consist of Vicodin, Nabumetone, Ultracet, and tizanidine. 07/02/2014, the injured worker underwent a lumbar transforaminal epidural steroid injection at the L4 and L5 section. On 08/22/2014, the injured worker complained of lumbar spine pain. It was documented on physical examination that the injured worker rated the pain at a 4/10 to 6/10 with standing or sitting and a 6/10 when moving a wrong way or exposed to cold weather. Physical examination of the lumbar spine revealed the absence of spasm. Tenderness was +1 at the paraspinal bilaterally at the L5-S1. Sciatic notch was tender bilaterally. Motion was with pain. Motor strength revealed 5/5 on the right side and 5/5 on the left side. Straight leg raise testing of upright bilaterally caused mild lower back pain but no leg pain to his left calf or foot. It was noted that there was no loss of sensory of the left or right lower extremity. The motion of the lumbar spine revealed lateral flexion of 20 degrees to the right and 22 degrees to the left. Rotation to the right was 70 degrees and rotation to the left was 30 degrees. Medical treatment plan is for the injured worker to undergo another round of epidural steroid injections under fluoroscopy with epidurography at the left L4 and L5. The rationale was not submitted for review. The Request for Authorization form was submitted on 08/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal epidural steroid injection under fluoroscopy with epidurography at the left L4 and L5:** Upheld

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

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

**Decision rationale:** The request for transforaminal epidural steroid injection under fluoroscopy with epidurography at the left L4 and L5 is not medically necessary. The California MTUS Guidelines recommend ESI 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. The criteria for the use of ESIs are as follows: radiculopathy must be documented by physical examination and corroborated by imaging studies, the injured worker must be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy and no more than 2 nerve roots should be injected using transforaminal blocks. The submitted documentation did not indicate any evidence of objective findings of radiculopathy, numbness, weakness, or loss of strength. There was no indication of the injured worker having radiculopathy of the lumbar spine with corroboration of imaging studies. Furthermore, it was documented that the injured worker underwent lumbar epidural steroid injection on 07/02/2014. However, the outcome of that epidural steroid injection was not submitted for review. Additionally, there lacked evidence of the injured worker being unresponsive to conservative treatment. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.