

<b>Case Number:</b>	CM14-0160541		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	04/01/2002
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 59-year-old male who reported an injury on 04/01/2002 due to an unknown mechanism. Diagnoses were low back pain, lumbar intervertebral disc degeneration, lumbar intervertebral disc without myelopathy, lumbar radiculitis, lumbosacral myofascial pain syndrome, post laminectomy syndrome, essential hypertension, benign, depression, peptic ulcer, unspecified, and hyperlipidemia, unspecified. Physical examination on 08/27/2014 revealed the pain to be a 5/10 on the VAS scale. The injured worker reported that he felt a popping sensation in the lower back about 2 to 3 weeks prior and the pain since has been severe in association with on and off weakness and numbness in the left leg. Neurological examination revealed bilateral triceps reflex, bilateral biceps reflex, and bilateral brachioradialis reflex were 2/4. Bilateral patellar reflex and bilateral Achilles reflex were 1/4. L5 dermatome and S1 dermatome demonstrated pinprick sensation decreased and light touch sensation decreased. Treatment plan was to start the injured worker on Medrol Dosepak. Medications were Gabatril, Hydrocodone, Opana, Flector patch, and Skelaxin. Treatment plan was also for a lumbar epidural steroid injection. 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 45-46.

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

**Decision rationale:** The decision for Lumbar epidural steroid injection is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. The 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 for an ESI are 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. The clinical notes lack evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy documented by the physical examination. There is a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercises, physical methods, and medications. The request did not indicate the use of fluoroscopy for guidance in the request. Therefore, this request is not medically necessary.