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| <b>Case Number:</b>   | CM14-0181629 |                              |            |
| <b>Date Assigned:</b> | 11/06/2014   | <b>Date of Injury:</b>       | 02/27/2007 |
| <b>Decision Date:</b> | 12/17/2014   | <b>UR Denial Date:</b>       | 10/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/31/2014 |

### 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 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:

This is a 62-year-old male patient who sustained a remote industrial injury on 02/27/2007. Diagnoses include obesity, lumbar radiculopathy, and disc herniation. Previous treatment has included physical therapy, medications, medial branch blocks. A request for lumbar epidural steroid injection L3-L4, L4-S1 was modified at utilization review to certify L4-L5 and L5-S1 lumbar epidural steroid injection. It was noted the patient complains of low back pain with radicular symptoms despite a previous medial branch block and medications. Patient has an antalgic gait, positive straight leg raise and decreased range of motion. MRI noted foraminal narrowing at L5-S1 and L4-L5 and mild foraminal narrowing at L3-L4. Therefore, the reviewer modified the request and certified L3-L5 and L5-S1 lumbar epidural steroid injection. Most recent progress report provided for review is dated September 22, 2014 and notes the patient presented under future medical care for diagnosis of lumbar disc herniation and lumbar radiculopathy. It was noted he is authorized for lumbar epidural steroid injection. Patient reported he felt the previous week and re-aggravated his pain, now shooting down all the way into his toes on the left. Pain was rated at 7/10. He is currently taking Norco and Skelaxin 3 times a day each and is currently not working. Objective findings on examination revealed the patient has an antalgic gait. There is pain to palpation over the paraspinal muscles at L4, L5 and S1. Range of motion was restricted. Straight leg raise test was positive on the left. There was positive FABER sign, positive thigh thrust, and positive distraction sign on the left. Sensation was intact in the bilateral lower extremities in all dermatomes. Motor strength was 5/5 bilaterally throughout the lower extremities. Deep tendon reflexes were 2+ bilaterally in the lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural injection L3-L4, L4-S1:** Upheld

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

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

**Decision rationale:** The CA MTUS guidelines note that epidural injections can be considered when there is documentation of objective radiculopathy on physical examination, corroborating with diagnostic imaging, and failure of conservative measures. In this case, there are no objective findings on examination indicative of radiculopathy, and there were no corroborative imaging studies included for review. Most recent physical examination noted strength, sensation, and reflexes are intact. Although there is an MRI of the lumbar spine referenced in the prior review, there were no imaging studies currently included for my review. Thus, lumbar epidural injection at L3-L4, L4-S1 is not medically necessary and is not medically necessary.