

<b>Case Number:</b>	CM14-0080723		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/28/2014
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 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 42-year-old male who reported injury on 01/28/2014. The mechanism of injury was the injured worker tried to open trailer doors but they got stuck because they were frozen. The injured worker put his back "into it" and got the door open; however, he felt discomfort in his lower back right side. Prior treatments included physical therapy. The injured worker's medications included etodolac ER 600 mg #15 and orphenadrine citrate ER 100 mg tablets as well as polar frost 150 mL 5 ounce gel tube and Tylenol, naproxen 500 mg tablets 1 by mouth twice a day and Ultracet 37.5 mg per 325 mg 1 to 2 tablets at bedtime. The injured worker underwent an MRI of the lumbar spine on 03/03/2014 which revealed at L3-4 there was grade 1 retrolisthesis and mild bilateral neural foraminal narrowing and mild canal stenosis. At L4-5 there was moderate canal stenosis and moderate bilateral neural foraminal narrowing. There was a 5 mm left paracentral disc protrusion impinging on the descending left L5 nerve root. Findings can be associated with left L5 radiculopathy and at L5-S1 there was moderate left and mild right neural foraminal narrowing. The documentation of 03/26/2014 revealed the injured worker had pain radiating to the right side of his leg and into his anterior thigh but was mostly in his low back. The injured worker was noted to have a previous left shoulder surgery. The physical exam of the lumbar spine revealed the injured worker had decreased range of motion. The injured worker had tenderness to palpation in the right sided paraspinal muscles. The motor strength in the bilateral lower extremities were 5/5 bilaterally. The sensation was intact. Deep tendon reflexes were symmetric. The diagnoses included multilevel degenerative changes. The treatment plan included additional physical therapy and transfer to a PM&R pain management specialist. The documentation of 05/05/2014 revealed the injured worker had a complaint of low back pain. The injured worker tried conservative treatment including muscle relaxants which caused shortness of breath. The physical examination revealed the injured

worker had motor strength of 5/5 bilaterally in the lower extremities. Sensation was decreased in the right L4 dermatome. The injured worker had hypoactive right patellar tendon reflex. The injured worker had a positive straight leg raise at 40 degrees in the right lower extremity. The injured worker had severely decreased range of motion of the lumbar spine due to pain. The diagnoses included lumbar disc disease and lumbar spine radiculopathy. The treatment plan included an epidural steroid injection at L4-5. There was no rationale submitted for the requested service. There was no Request for Authorization submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lumbar ESI at [REDACTED]:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Inject.

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

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy upon physical examination that are corroborated by electrodiagnostic or imaging testing. There should be documentation of a failure of conservative care including physical therapy, muscle relaxants and NSAIDS. The clinical documentation submitted for review indicated the injured worker had objective findings at the level of L5 per the MRI. The documentation of 05/05/2014 revealed the injured worker had objective findings of deficits at the level of L4. There was documentation the injured worker had failed conservative care. However, the request as submitted failed to indicate the laterality and the level for the epidural steroid injection. Given the above, the request for lumbar ESI at [REDACTED] is not medically necessary.