

<b>Case Number:</b>	CM14-0192787		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	05/04/2011
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 53-year-old gentleman with a date of injury of 05/04/2011. A treating physician note dated 10/17/2014 identified the mechanism of injury as moving a toilet into a bathtub to dump its contents, resulting in lower back pain; additional injuries were suggested but not described, resulting in shoulder and upper pain. Treating physician notes dated 09/24/2014 and 10/17/2014 indicated the worker was experiencing lower back pain with painful numbness that went into both legs in a pattern following the L5 and S1 spinal nerves, right shoulder pain, and poor sleep. Documented examinations described walking with a painful and limping pattern, mildly positive testing involving raising straightened legs on both sides, decreased right leg sensation following the S1 spinal nerve, decreased motion in the lower and upper back joints and both shoulders, an absent right ankle reflex, and cervical trigger points. The submitted and reviewed documentation concluded the worker was suffering from degenerative disk disease in the lower back with a bulging L5 disk that also affected the S1 nerve and spinal stenosis and shoulder pain. Treatment recommendations included oral pain medications, urinary drug screen testing, continued home exercise program, injected medications near the lower back spinal nerves, and follow up care. A Utilization Review decision was rendered on 10/31/2014 recommending non-certification for a Lumbar Epidural Steroid Injection at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Lumbar Epidural Steroid Injection at L5-S1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed documentation indicated the worker was experiencing lower back pain with painful numbness that went into both legs in a pattern following the L5 and S1 spinal nerves, among other issues. The documented examination described decreased sensation in those patterns and mildly positive testing involving raising the straightened legs, among other findings. MRI imaging of the lower back done on 10/13/2014 showed findings consistent with these issues and documented examination findings. The reviewed records described insufficient improvement with conservative management and suggested the goal of this treatment was improved gains with the treatment program. For these reasons, the current request for a lumbar epidural steroid injection at L5-S1 is medically necessary.