

<b>Case Number:</b>	CM14-0216828		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	01/22/2014
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year-old male, who was injured on January 22, 2014, while performing regular work duties. The mechanism of injury is from hitting the right knee on the steering wheel and injuring the back, right leg, right hip, and right knee following a bump over a pot hole, while driving a truck. The records indicate the injured worker has received treatment that included medications, physical therapy, intra-articular injections, epidurals, right knee surgery, and a cold therapy unit. The Utilization Review indicates a magnetic resonance imaging of the lumbar completed on March 14, 2014, reveals a moderate central canal stenosis, multilevel mild facet arthropathy, with mild to moderate neural foraminal narrowing at L2-3, L3-4, and L4-5. An evaluation on November 6, 2014, indicates the injured worker has continued complaints of low back pain that radiates to the right leg with tingling and numbness, and is not responding to conservative treatments. The physical findings are tenderness over the lumbar paraspinals, decrease in sensation to light touch at right L3, L4, L5, and S1; and a decreased range of motion in all directions. The request is for an outpatient lumbar epidural steroid injection at level L4-L5 and L5-S1, on the right side of the lumbar spine. The primary diagnosis is lumbago. On November 25, 2014, Utilization Review provided a modified certification of one (1) intra-laminar epidural at one (1) level, based on MTUS, Chronic Pain Medical Treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection at L4-L5 & L5-S1 on the right side:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 47.

**Decision rationale:** Regarding the request for lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. Within the documentation available for review, there are subjective complaints confirmed with MRI findings in the lumbar spine to suggest the diagnosis of radiculopathy. In a progress note from 6/19/14, the requesting provider requested lumbar epidural steroid injection at 2 levels. It is not clear whether this is from an interlaminar or transforaminal approach. By convention, when this is not specified the interlaminar approach is presumed, and therefore the original request is not medically necessary.