

<b>Case Number:</b>	CM14-0219328		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 54 year old male who sustained an industrial injury on 2/01/2013, after a trip and fall incident. He has reported pain to the left great toe and left thigh. The diagnoses have included lumbosacral strain and contusion, resolved left ankle and foot hematoma, and lumbago. Treatment to date has included conservative measures, including medications. Physical therapy notes were submitted and showed completion of 12 visits on 7/07/2014, at which time he showed 25% improvement toward overall goal. Currently, the injured worker complains of increased pain to the low back and bilateral legs. His leg pain was predominantly on the right with paresthasias extending to the foot. Physical exam, dated 12/2/2014, noted a slight right antalgic gait. Active voluntary range of motion of the thoracolumbar spine was severely limited, noting forward flexion to approximately 20 degrees and extension to 5-10 degrees. Lateral bending was significantly limited to 5 degrees. Straight leg testing was mildly positive on the right. The injured worker's work status was permanent and stationary. Per the progress report, dated 12/2/2014, the treating physician felt that the requested treatment would be a reasonable recommendation. The injured worker's current medications were not documented. A progress note, dated 8/28/2014, noted magnetic resonance imaging of the lumbar spine from 4/09/2013, showed an annular tear at L4-L5 with a 3mm disc protrusion at L4-L5 and L5-S1. On 12/18/2014 Utilization Review non-certified one right lumbar epidural steroid injection at L4-L5 under fluoroscopy, noting the lack of compliance with the 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:

### **One right lumbar epidural steroid injection at L4-L5: Upheld**

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

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

**Decision rationale:** The injured worker sustained a work related injury on 2/01/2013. The medical records provided indicate the diagnosis of lumbosacral strain and contusion, resolved left ankle and foot hematoma, and lumbago. Treatment to date has included conservative measures, including medications. The medical records provided for review do not indicate a medical necessity for one right lumbar epidural steroid injection at L4-L5. The acceptable criteria as recommended by the MTUS for Lumbar epidural injection include documentation of radiculopathy by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; the condition must have been initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants), the injections should be performed using fluoroscopy (live x-ray) for guidance. Although the records stated the injured worker experiences low back pain that travels to the foot, there was no description of the route; the Straight leg examination of 04/2014 was reported as negative at 70 degrees, while the later examination stated it was mildly positive. The acceptable way of reporting straight leg raise on the basis of radiculopathy is in degrees and the direction of the symptom. Also, the MRI suggest degenerative disc disease, but did not confirm radiculopathy. Therefore, the requested treatment is not medically necessary and appropriate.

### **Fluoroscopy: Upheld**

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

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

**Decision rationale:** he injured worker sustained a work related injury on 2/01/2013. The medical records provided indicate the diagnosis of lumbosacral strain and contusion, resolved left ankle and foot hematoma, and lumbago. Treatment to date has included conservative measures, including medications. The medical records provided for review do not indicate a medical necessity for Fluoroscopy. Although the MTUS recommends Fluoroscopic guidance for Lumbar Epidural injection, the Epidural steroid injection has been determined to be not medically necessary; therefore, this procedure is not medically necessary and appropriate.

