

<b>Case Number:</b>	CM14-0059538		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, 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 reported an injury on 10/02/2013. The mechanism of injury was a fall. He was diagnosed with spinal stenosis. His past treatments were noted to include physical therapy and medications. His diagnostic studies included an official MRI of the lumbar spine, performed on 10/18/2013, read by [REDACTED], physician, which was noted to reveal at L5-S1, a 3 mm annular disc bulge, largest in the right paracentral zone. There is no visualized nerve root compression and the central canal is patent. There is facet hypertrophy with moderate/severe left and mild right neural foraminal narrowing. On 03/10/2014, the injured worker reported he has had 10 physical therapy treatments which have not improved his pain situation. He continues to have severe back pain and muscle spasms, despite physical therapy. He indicated his pain is radiating up his spine and he has migraine headaches. On physical examination, he was noted to have flexion of the lumbar spine to only 30 degrees and he was noted to extend from the flexed position with a great deal of lumbar discomfort. His current medications were noted to include Soma 350 mg every 6 hours as needed and Norco 10 mg every 4 hours as needed for pain. The treatment plan was noted to include a TENS unit rental, epidural steroid injection to help with pain management, and medication changes. A Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left lumbar ESI (epidural steroid injection) at L5-S1: 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 request for left lumbar ESI (epidural steroid injection) at L5-S1 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as a possible option for short term treatment for radicular pain to facilitate therapeutic activities when radiculopathy is documented on physical examination and corroborated by imaging and/or electrodiagnostics, after failure of conservative care. Injections should be performed under fluoroscopy for guidance. The clinical documentation provided does indicate that the injured worker had a previous MRI revealing severe neural foraminal narrowing on the left at L5-S1; however, the most recent clinical note does not provide any evidence of radiculopathy on physical examination, such as decreased sensation, decreased motor strength, and positive straight leg raise. Additionally, the treating physician did not provide a more recent note regarding the injured worker's physical presentation. Furthermore, the treating physician does not indicate if fluoroscopy guidance will be used for guidance. Given the above information, the request is not supported by the guidelines. As such, the request for left lumbar ESI (epidural steroid injection) at L5-S1 is not medically necessary.