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| <b>Case Number:</b>   | CM15-0002494 |                              |            |
| <b>Date Assigned:</b> | 01/13/2015   | <b>Date of Injury:</b>       | 07/14/2014 |
| <b>Decision Date:</b> | 03/16/2015   | <b>UR Denial Date:</b>       | 12/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/06/2015 |

### 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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 47-year-old male who reported an injury on 07/15/2014. The mechanism of injury was the injured worker was bending forward to pick up his tool bag and had pain as he bent forward. Prior therapies included physical medicine, physical therapy, medicine, and chiropractic care. The injured worker underwent an MRI of the lumbar spine on 09/17/2014, which revealed at the level of L5-S1, there was a broad based disc bulge and mild facet joint arthropathy. There was mild bilateral foraminal stenosis, right greater than left. There was a Request for Authorization dated 10/07/2014 for an epidural steroid injection and physical therapy as well as acupuncture. The documentation of 09/26/2014 revealed the injured worker had complaints of numbness and tingling down the right leg and into the toes of both feet. The injured worker's medications were noted to include naproxen and metaxalone. The surgical history was noncontributory. Physical examination of the lumbar spine revealed the injured worker did not have an antalgic gait. The injured worker could heel and toe walk without difficulty. The injured worker had decreased range of motion of the lumbar spine and tenderness to palpation throughout the lumbar spine region. The injured worker had a positive straight leg raise for low back pain on the right side. The motor examination revealed 5/5 strength. Sensation was decreased in the left L5 dermatome and otherwise intact in the bilateral L3-4 and right L5 and bilateral S1 dermatomes. The reflexes were 2+ and symmetric. The diagnoses included chronic low back pain; right anterior thigh numbness; bilateral buttock, thigh, and calf pain secondary to work related injury dated 07/15/2014, initially precipitated from injury of 03/2014 and an additional diagnosis included lumbar x-ray dated 09/17/2014, revealing lumbar

spondylosis most notable at L4-5 and L5-S1. Recommendation was for physical therapy 2 times a week for 3 weeks for the low back only and an epidural steroid injection. Additionally, the request was made for an EMG/NCV.

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

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

**Right transforaminal epidural steroid injection at L5-S1:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections when there is documentation of radicular findings upon physical examination that are corroborated by electrodiagnostics or imaging studies. There should be documentation of a failure of conservative care, including physical therapy, exercise, NSAIDs, and muscle relaxants. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination on the left, not the right as sensation at the L5 dermatome was noted to be intact on the right and decreased on the left. However, there was a lack of documentation of a failure of conservative care, as it was indicated the injured worker would be undergoing physical therapy. The imaging study, which was an MRI, failed to support objective findings. There was a lack of documentation of a failure of conservative care. Given the above, the request for right transforaminal epidural steroid injection at L5-S1 is not medically necessary.