

<b>Case Number:</b>	CM15-0041235		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	12/11/2013
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 31-year-old male, who sustained an industrial injury on December 11, 2013. He reported neck, right arm, and low back pain. Initially x-rays were obtained and he was treated with medication. The injured worker was diagnosed as having lumbosacral strain and bilateral sacral 1 radiculopathy with acute denervation. Diagnostics to date has included MRI, x-rays, electrodiagnostic studies and urine drug screening. Treatment to date has included transforaminal epidural steroid injections, chiropractic therapy and medications. On January 6, 2015, the treating physician noted continued highly symptomatic back and right lower extremity complaints. The physical exam revealed right-sided listing, sign right limp and decreased strength of the right extensor hallucis longus, right anterior tibialis, and left extensor hallucis longus muscles. There was decreased sensation of the right lower extremity, a positive right straight leg raise, and tenderness to palpation over the right buttock. The treatment plan includes a right lumbar epidural injection at right lumbar 4-lumbar 5 with sedation. The requested treatment is a right lumbar epidural injection at right lumbar 4-lumbar 5 with sedation. The previous lumbar epidural injections were completed on 12/8/2014 and 2/20/2015. The medications listed are alprazolam, codeine, hydrocodone, oxycodone, Ultram and Valium. The UDS dated 11/21/2014 was inconsistent with no detection of any of the prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 lumbar epidural steroid injection with sedation: 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 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

**Decision rationale:** The CA MTUS and the ODG recommend that lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy that did not respond to conservative treatments with medications and PT. The guidelines recommend that epidural steroid injections can be repeated if there is documentation of greater than 50% sustained reduction in pain, reduction in medication use and functional restoration. The records indicate that the patient had completed 2 lumbar epidural steroid injections. There is no documentation of significant pain relief that is greater than 50% or functional restoration. There is no reduction of medications utilization. The UDS test was inconsistent with non-detection of any prescribed medication indicating questionable compliance to the medications treatment. The criteria for L4-L5 lumbar epidural steroid injection under sedation were not met. Therefore, this request is not medically necessary.