

<b>Case Number:</b>	CM14-0142874		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	11/11/2013
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 reported an injury on 11/07/2013. He reportedly got his left foot stuck on a raised metal surface in a trailer. On 08/12/2014, the injured worker presented with left shoulder pain and lumbar spine pain. Upon examination of the left ankle, there was tenderness to palpation over the left ankle inferior to lateral malleolus and anterior lateral aspect. Examination of the lumbar spine demonstrated tenderness to palpation over the midline at the lumbar spine at the L4-S1, bilateral paraspinals and right gluts. There was decreased sensation down the right posterolateral thigh, calf and right foot plantar aspect and 2nd and 3rd toes. The diagnoses were cervical spine sprain/strain, left shoulder arm pain, lumbar spine L3-4 (2 mm), L4-5 (2 mm), L5-S1 (2 mm) posterior disc protrusion present per MRI dated 01/20/2014, lumbar spine mild hypertrophic facet changes, lumbar spine mild lateral recess stenosis bilaterally, lumbar spine sprain/strain, bilateral lower extremity electrodiagnostic findings, and left ankle sprain/strain. Current medication list was not provided. The provider recommended right selective epidural steroid injection at L4-5, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SELECTIVE EPIDURAL INJECTION AT L4-L5:** Upheld

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

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

**Decision rationale:** The request for right selective epidural injection at L4-5 is not medically necessary. According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical exam findings and corroborated by imaging and/or electrodiagnostic testing. Additionally, documentation should show the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance and no more than 2 levels should be injected using transforaminal blocks. The documentation submitted for review stated the lumbar spine demonstrated tenderness to palpation over the midline at the lumbar spine at the L4-S1 bilateral paraspinals and there was decreased sensation down the right posterolateral thigh, calf and right foot plantar aspect and 2nd and 3rd toes. Clarification is needed to address motor strength and sensory deficits. There is lack of results of straight leg raise test. Additionally, physical examination findings do not clearly corroborate with MRI or electrodiagnostic results of radiculopathy. Additionally, the documentation fails to show the injured worker would be participating in an active treatment program following the requested injection. There is lack of documentation that the injured worker had failed initially recommended conservative treatment to include physical therapy, home exercise and medications. The provider's request does not mention the use of fluoroscopy for guidance in the request as submitted. As such, the medical necessity has not been established.