

<b>Case Number:</b>	CM13-0015622		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/15/2010
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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 patient is a 55-year-old male who reported an injury on 11/15/2010. The patient is currently diagnosed with post lumbar laminectomy syndrome. The patient was seen by [REDACTED] on 06/14/2013. The patient was approximately 11 months status post laminectomy at L3-S1 with multilevel microdiscectomies. A physical examination revealed antalgic gait, well-healed midline incision, significantly limited range of motion secondary to pain, significant tenderness to palpation of the lumbar spine, moderate right sciatic notch tenderness, minimal left sciatic notch tenderness, mild greater trochanter tenderness bilaterally, and diminished sensation on the right at L3 and L4. The patient also demonstrated mildly positive straight leg raising on the right. The treatment recommendations included an epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**lumbar epidural steroid injections (LESI) L2-3 and L3-4 under fluoroscopy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patients should also prove initially unresponsive to conservative treatment. As per the clinical notes submitted, the patient has been previously treated with activity modification, home exercises, medications, and a lumbar decompressive laminectomy with multi-level microdiscectomies. The patient's latest MRI of the lumbar spine on 06/03/2013 indicated a 4 to 5 mm broad-based disc bulge at L2-3 with mild to moderate spinal canal stenosis, and mild to moderate right-sided and mild left-sided neural foraminal stenosis. There was also a 6 mm broad-based right paracentral disc protrusion at L3-4, with mild to moderate left-sided neural foraminal stenosis. The patient's latest physical examination on 06/14/2013, revealed diminished sensation at L3 and L4, positive straight leg raising on the right, tenderness to palpation, and significantly limited range of motion. Given the patient's previous surgical intervention, recurrent disc herniation, and persistent symptoms despite conservative treatment, the current request can be determined as medically appropriate. As such, the request is certified.