

<b>Case Number:</b>	CM13-0029696		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/23/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Emergency Medicine 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 patient has a reported date of injury on 11/23/2011. Mechanism of injury is described as a lifting injury. Patient has a diagnosis of lumbar spine pain, degenerative disc disease, disc bulge and radiculopathy. Patient complains of low back and L arm pain. Pain radiates to low back and bilateral lower extremities. Pain goes down to L thigh down to calf. Objective exam reveals forward flexion to 70degrees with no pain. Hyperextension causes back pain. Reflexes are normal. Sensation is normal. Mild R hamstring and quadricep weakness. Straight leg raise is negative-SRL causes back pains. Note from requesting physician notes a prior ESI but does not note any results or response. It also does not give reasoning for why ESI was requested except that patient had pain. MRI of Lumbar spine (5/2/12) reveals L4-S1 diffuse disc bulges and annular tears. Patient has reportedly undergone medication, physical therapy, acupuncture, massage and prior ESI on 11/15/12. Medications include Naproxen, Tirosint and Cyclobenzaprine. Independent Medical Review is for bilateral L5 transforaminal/caudal ESI to lumbar spine. Prior UR on 9/11/13 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5 transforaminal/caudal ESI to lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend if it meets criteria. The basic criteria are: Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation states that the ESI was to decrease pain. There is no noted long term plan. 2) Unresponsive to conservative treatment. There is no proper documentation of prior attempts at treatment of pain. Note merely mentions prior physical therapy but there is no documentation of how many was done and patient is only taking a few medications at present. 3) Documentation of improvement in objectively documented pain after prior ESI of at least 50% in pain lasting 6-8weeks. Patient had prior LESI but there is no documentation of response. As clearly stated in MTUS Chronic pain guidelines, patient has to meet all criteria before ESI can be recommended. Patient fails to meet all basic criteria for LESI. As clearly stated in MTUS Chronic pain guidelines, patient has to meet all basic criteria before ESI can be recommended. The treating physician has failed to document prior conservative measures; prior response to LESI and long term goal of treatment also fails to meet criteria. The request and documentation does not meet criteria and ESI is not medically necessary.