

<b>Case Number:</b>	CM13-0032035		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	04/08/2012
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in New York and Texas. 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 34-year-old male who reported a work-related injury on 04/08/2012, as a result of a fall. The clinical notes evidence the patient has utilized 8 sessions of physical therapy and over 40 sessions of chiropractic treatment for his lumbar spine pain complaints since date of injury. MRI of the lumbar spine dated 03/07/2013 signed by [REDACTED] revealed: (1) Disc desiccation at L4-5 level with 3 mm central posterior disc protrusion indenting the anterior aspect of the thecal sac. (2) There was a moderately significant degree of central stenosis at L5-S1 level secondary to a broad-based asymmetric posterior disc protrusion/extrusion which at its maximum on the left side measures about 10 mm and is causing considerable pressure over the anterior aspect of the thecal sac as well as right S1 nerve root. The clinical note dated 11/13/2013 reports the patient was seen under the care of [REDACTED] for evaluation of his work-related injuries. The patient presents for treatment of the following diagnoses: sciatica, low back syndrome, lumbar herniated nucleus pulposus, cubital tunnel syndrome, shoulder impingement/bursitis, shoulder sprain/strain rotator cuff, spasm of muscle, and foot sprain/strain. The provider documents the patient reports continued lumbar spine pain with constant pressure type pain and radiation of pain along with associated numbness to the left lower extremity. The provider documents upon physical exam of the patient's lumbar spine, sensation was decreased about the L5 dermatome on the left. The provider documented 5/5 motor strength throughout with the exception of left tibialis anterior and the left EHL and left peroneals 4/5. The provider documented 2+ reflexes throughout. The provider documented the patient had positive straight leg raise to the left lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection at L5-S1: Overturned**

**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 Epidural Steroid Injections (ESI) Page(s): 46.

**Decision rationale:** The current request is supported. The MTUS guidelines indicate the purpose of ESI is to reduce pain and inflammation and restore range of motion and thereby facilitate progress in more active treatment programs and avoid surgery but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The employee continues to present with significant lumbar spine pain complaints status post a work-related injury sustained. The employee has utilized lower levels of conservative treatment to include acupuncture, chiropractic treatment and physical therapy without resolve of symptomatology. The employee presents with correlated imaging studies of the lumbar spine evidencing moderate size disc herniation/protrusion at L5-S1 with impingement upon the S1 nerve root. The employee objectively upon exam presented with decreased range of motion to the lumbar spine, positive straight leg raise to the left lower extremity as well as decreased sensation to the left L5-S1 dermatome. Given all of the above, the request for lumbar epidural steroid injection at L5-S1 is medically necessary and appropriate.