

<b>Case Number:</b>	CM13-0032814		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	09/24/2010
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 27, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; a wrist steroid injection; an L4-L5 and L5-S1 laminectomy-discectomy surgery; MRI imaging of the lumbar spine of March 6, 2013, notable for scarring associated with hemilaminotomy at L4-L5 and L5-S1 with associated degenerative changes and severe bilateral L5-S1 spinal stenosis; and the apparent imposition of permanent work restrictions. In a utilization review report of September 24, 2013, the claims administrator denied a request for epidural steroid injection therapy on the grounds that the applicant's response to prior epidural steroid injections (if any) was not detailed and on the grounds that current clinical information submitted was sparse. In a utilization review report, the claims administrator also wrote that a September 9, 2013 progress note was notable for comments that the applicant had left gluteal pain with radiation into the thigh. Positive straight leg raising with normal strength and sensorium were appreciated. In a March 26, 2013 progress note, it is stated that the applicant has some left buttock discomfort. It is stated that the stenotic changes were evident on previous lumbar MRI imaging. It is also stated that the applicant should obtain CBC and CMP testing as she is using Motrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Left Lumbar S1 SESI: Overturned**

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, particularly that which is radiographically and/or electrodiagnostically confirmed. In this case, the applicant does have radicular complaints with some radiographic corroboration at the L5-S1 level. MRI imaging of March 2013 is notable for severe spinal stenosis at this level. The applicant does have ongoing symptoms of low back pain radiating to left thigh. The MTUS Chronic Pain Medical Treatment Guidelines supports up to two diagnostic blocks. The medical records provided for review does support the presence of ongoing radicular complaints, some radiographic corroboration of the radicular complaints, and indicate that the applicant has not had any prior epidural steroid injections. The request for a epidural left lumbar S1 SESI is medically necessary and appropriate.