

<b>Case Number:</b>	CM13-0045029		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/12/2009
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Physical Medicine & 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:

This 64 year-old female sustained an injury on 4/12/09 while employed by [REDACTED]. A report of 10/11/13 from the provider noted patient without changes since last visit and continues to complain of low back pain that radiates to the bilateral lower extremities at VAS 10/10 scale. Exam noted positive straight leg raises at 60 degrees bilaterally; lumbar flexion/extension range at 60/ 5 degrees; decreased sensation in the right L5 distribution; positive severe pain in right gluteal and sciatic area. The patient had benefit in the past. Diagnoses included lumbosacral strain with bilateral lower extremity radiculopathy. MRI of the lumbar spine dated 6/1/12 noted multi-level degenerative disc disease and spondylotic changes; diffuse disc protrusion compressing thecal sac with bilateral neural foraminal stenosis. Conservative care has included medications, prior injections, work restrictions, and HEP. The patient had a caudal Epidural steroid injection on 7/26/11; lumbar facet injections (right L3-4 facet block on 2/8/12) with some relief; Lumbar epidural steroid injection on 10/23/12 with slight relief. The request for bilateral LESI at L3-4 was non-certified on 10/22/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION FOR BILATERAL L3-4 LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESI)..

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

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Although the patient has radicular symptoms with clinical findings of such, the dermatomal pattern does not correlate with the level of injection requested. Additionally, to repeat a lumbar epidural steroid injection (LESI) in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Submitted reports are unclear with the level of pain relief and duration of benefit. Submitted reports have not demonstrated any functional improvement derived from the LESI as the patient has unchanged symptom severity, unchanged clinical findings without a decreased medication profile or treatment utilization or functional improvement described in terms of increased work status or activities of daily living. Criteria to repeat the LESI have not been met or established. The request is therefore not medically necessary and appropriate.