

<b>Case Number:</b>	CM13-0047205		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Anesthesiologist 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 46 year old female who reported injury on 02/21/2013. The mechanism of injury was stated to be the patient was pushing a cart filled with a number of paper items when her foot became caught and she stumbled forward, twisting and straining her low back as well as left knee. The patient was noted to be treated with physical therapy and medication, and the patient indicated that physical therapy was not beneficial. The patient was noted to have an MRI on 07/23/2013 which indicated the patient had a 4 mm broad-based central disc protrusion slightly indenting the ventral thecal sac without central canal stenosis. The patient indicated that they had low back pain and had a previous epidural steroid injection of the lumbar area that helped for a brief period of time and wanted another 1. The patient was noted to be going to physical therapy twice a week, including aqua therapy. The patient was noted to have tenderness in the lumbosacral area and the mid thoracic area. The patient's diagnoses were noted to be herniated nucleus pulposus of the lumbar spine and a lumbar sprain. The request was made for a lumbar epidural steroid injection at L5-S1.

### 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) L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend, for repeat epidural steroid injection, there must be objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 weeks to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The patient indicated they had a previous epidural steroid injection; however, there was a lack of documentation of the level of injection. Additionally, MRI was noted not to show foraminal stenosis or impingement of the nerve root to support radiculopathy. There was a lack of documentation indicating the patient had objective pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 weeks to 8 weeks. Given the above and the lack of documentation, the request for Lumbar epidural steroid injections (LESI) L5-S1, laterality not specified, is not medically necessary.