

<b>Case Number:</b>	CM13-0048952		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/29/2004
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 and 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 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 54-year-old female who reported an injury on 11/29/2004 due to a fall that reportedly caused injury to her lumbar spine. The patient underwent a lumbar MRI in 09/2009 that revealed a disc protrusion indenting on the thecal sac with no S1 nerve root displacement. Prior treatments have included physical therapy, medications, activity modifications, a TENS unit and epidural steroid injections. The patient's most recent clinical examination findings included positive straight leg raising test eliciting pain in the L3 through the L5 myotomes, restricted range of motion of the lumbar spine secondary to pain, and decreased sensation along the right lateral ankle and foot. The patient's diagnoses included chronic low back pain, right lower extremity pain, L5-S1 disc herniation and bilateral L5 and S1 radiculopathies. The patient's treatment plan included continuation of medications and an epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L5-S1 interlaminar epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI), Page(s): 46.

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

**Decision rationale:** The requested left L5-S1 interlaminar epidural steroid injection is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends repeat injections be based on 50% or more pain relief for at least 6 to 8 weeks and documentation of functional improvement. The clinical documentation submitted for review does provide evidence that the patient did receive an epidural steroid injection that provided 75% pain relief for over 4 months with functional gains to include the ability to participate in activities of daily living with comfort. However, the clinical documentation does not provide any evidence at what level this injection was administered to. The clinical documentation does support that the patient has a physical presentation of radiculopathy. However, the MRI submitted for review does not support that the patient has nerve root pathology. Therefore the need for an epidural steroid injection at the left L5-S1 interlaminar epidural is not indicated. As such, the requested left L5-S1 interlaminar epidural steroid injection is not medically necessary or appropriate.