

<b>Case Number:</b>	CM13-0049880		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/17/2009
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 48-year-old male who reported injury on 08/17/2009. The mechanism of injury was stated to be the patient was driving his work truck which was notably overloaded and the patient drove over uneven pavement approximately the height of a curb at which time the patient's seat slammed to the floor and the patient experienced immediate back pain radiating down both legs, greater on the left, accompanied by tingling down both legs. The patient was noted to have undergone an L5-S1 anterior lumbar discectomy and fusion. The patient was noted to have undergone electrodiagnostic stated 04/22/2010 with normal nerve conduction with an abnormal EMG and a left L5 radiculopathy. The patient was noted to have undergone an MRI of the lumbar spine on 09/23/2009, which revealed an L4-5 left disc protrusion with possible impingement on the exiting left L4 nerve root and significant right neural foraminal stenosis with right disc extrusion at L5-S1 with contact to the right descending S1 nerve root. Patient was treated with physical therapy, anti-inflammatory medications, muscle relaxants and chiropractic treatments for more than 12 weeks. The therapies were noted to have failed to help relieve pain. The patient was noted to have a prior lumbar epidural steroid injection that gave 70% positive relief. The physical examination revealed the patient had lumbar spine tenderness from L3-5 level bilaterally. The patient's straight leg raise was noted to be positive on the left. Deep tendon reflexes were noted to be +1 at the knee level and at the Achilles tendon level there was noted to be weakness in the left lower extremity in L4-5 myotomes. The patient's diagnoses was noted to be left lumbar radiculopathy with neuroclaudication, herniated nucleus pulposus of the lumbar spine and failed conservative therapies for more than 12 weeks. The request was made for a left lumbar transforaminal epidural steroid injection at L4-5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left lumbar transforaminal ESI L4-L5, L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

**Decision rationale:** California 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The patient's straight leg raise was noted to be positive on the left. Deep tendon reflexes were noted to be +1 at the knee level and at the Achilles tendon level there was noted to be weakness in the left lower extremity in the L4-5 myotomes. Clinical documentation submitted for review indicated the patient had 70% relief from the previous injection. However, there was lack of an objective documented VAS score before and after the injection, objective functional improvement and documentation of associated reduction of medication use for 6 to 8 weeks. Additionally, the level of the prior injection was not provided. Given the above, the request for left lumbar transforaminal ESI L4-L5, L5-S1 is not medically necessary.