

<b>Case Number:</b>	CM13-0051095		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	11/11/1996
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 and Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 57 year old with an injury date on 11/11/96. Patient complains of low lumbar pain with radiation to the right lower extremity per 10/17/13 report. Patient states that symptoms are persisting despite undergoing chiropractic treatment per 10/17/13 report. Based on the 4/7/13 progress report provided by [REDACTED] the diagnoses are 1. thoracic/lumbar s/s 2. Disc bulge/herniation 3. Bursitis of left shoulder. Most recent physical exam on 10/17/13 showed "+3 muscle spasms bilateral cervical spine. DJD C-5, foraminal compression of left exiting nerve root. Upper extremity reflexes +2, dermatomes are normal bilaterally." Patient's treatment history includes manipulation, ultrasound, electrical stimulation, and decompression therapy per 4/7/12 report. [REDACTED] is requesting lumbar epidural steroid injection at L3-4, L4-5, and L5-S1. The utilization review determination being challenged is dated 11/5/13. [REDACTED] is the requesting provider, and he provided treatment reports from 4/7/12 to 10/17/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection at L3-4, L4-5, and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS).

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

**Decision rationale:** This patient presents with lower back pain, right leg pain. The treater has asked for lumbar Epidural Steroid Injection at L3-4, L4-5, and L5-S1 on 10/17/13. Review of the reports does not show any evidence of prior epidural steroid injection in the patient's treatment history. A previous MRI, date unspecified, showed "bulging disc and lateral recess stenosis particularly on the right at the L3-4, and L4-5, and foraminal stenosis at L3-4, L4-5 and L5-S1" per 7/18/13 report. The original MRI report was not included in provided documentation. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than two ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. For transforaminal approach, no more than two levels are recommended. In this case, the patient presents with ongoing lower back pain with radicular symptoms to right leg, but the physical examination does not document radiculopathy. Furthermore, the request is for three level injections and MTUS only recommends up to two levels for transforaminal approach. The treater does not correlate the patient's pain location to the MRI findings either. Recommendation is for denial.