

<b>Case Number:</b>	CM13-0054263		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/15/2006
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	10/25/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 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 injured worker is a 46-year-old male who reported injury on 11/15/2006. The mechanism of injury was not provided. The QME note dated 10/10/2013 revealed the injured worker had constant pain in the low back, travelling to his bilateral legs, and described as cramps and shooting pain. The pain was a 7/10. The injured worker had complaints of numbness and tingling in the bilateral legs. It was noted that, on 08/05/2013, the injured worker underwent a radiofrequency rhizotomy at the lumbar facets and a lumbar epidural steroid injection for postop pain relief. The injured worker's reflexes in the knees were absent bilaterally. The injured worker's reflexes for the hamstrings were diminished on the right and absent on the left. The reflexes for the ankles were diminished on the right and absent on the left. The injured worker had a straight leg raise test for pain along the sciatic nerve distribution that was positive. The dural involvement/sciatic tension test was positive bilaterally. The injured worker had sensory deficits at L4-S1 dermatomes and L2-S1 myotomes on the left. The diagnoses included herniated lumbar disc and lumbar radiculitis. The treatment plan included the injured worker was status post radiofrequency rhizotomy of the lumbar facets at L3-S1 and a lumbar steroid epidural injection. It was indicated the injured worker had shown adequate response to the procedure with increased range of motion, reduced pain medications, and improved activities of daily living, including a decrease of approximately 50% pain overall and 50% or more improved. The recommendation was a repeat of the therapeutic lumbar epidural steroid injection at L3-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THERAPEUTIC LUMBAR ESI AT L3-L4, L4-L5, AND 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 Epidural Steroid Injections Page(s): 46.

**Decision rationale:** California MTUS Guidelines recommend a repeat epidural steroid injection when there is objective documented pain relief and objective functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 weeks to 8 weeks. The clinical documentation submitted for review indicated the injured worker had a prior epidural steroid injection. However, there was a lack of documentation indicating objective reduction in medication use for 6 weeks to 8 weeks. Additionally, the request as submitted failed to indicate whether the epidural steroid injection was unilateral or bilateral. The objective findings were noted to be on the left. Given the above and the lack of documentation, the request for therapeutic lumbar ESI at L3-L4, L4-L5, and L5-S1 is not medically necessary.