

<b>Case Number:</b>	CM13-0062222		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 27, 2012. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; lumbar support; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of November 15, 2013, the claims administrator denied a request for an L4-L5 lumbar epidural steroid injection, noting that the applicant had failed conservative treatments with physical therapy, manipulation, and muscle relaxants. The applicant's attorney subsequently appealed. In a December 20, 2013 progress note, the applicant is described as reporting persistent low back pain with episodic lower extremity radiculopathy. The applicant exhibits some facetogenic tenderness and walks with pain. The applicant is off of work, on total temporary disability. The applicant has diminished lower extremity strength ranging from 4+ to 5/4 with a slightly diminished right Achilles reflex. It is stated that injection therapy could be considered, including either epidural therapy or facetogenic therapy. A December 9, 2013 progress note states that there is evidence of multilevel degenerative disk disease at L3-L4, L4-L5, and L5-S1. The attending provider writes that the majority of the applicant's pain is associated with the L4-L5 level. It is stated that the applicant does not appear to have had any prior epidural or facet injection therapy. The applicant is asked to cease smoking, try Neurontin, and employ both Tramadol and Flexeril. An earlier note of October 20, 2013 is notable for comments that the applicant is not working. It is stated that the applicant has not tried any previous injection therapies and reports persistent low back pain with radiation to the thigh. Lumbar MRI imaging is apparently notable for multilevel central

canal stenosis and lateral recess narrowing, mild, with associated low-grade disk degeneration.  
Positive straight leg rising

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**L4-L5 INTERLAMINAR ESI WITH SEDATION:** Overturned

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

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

**Decision rationale:** As noted in the MTUS Chronic Pain Guidelines, "a maximum of two injections should be performed" for diagnostic purposes. In this case, the applicant has not had any prior epidural steroid injections, the attending provider has posited. The applicant has ongoing low back pain with some radicular component to the same. While some of the applicant's attending providers have posited that the applicant may in fact have facetogenic pain, nevertheless, the applicant has tried and failed numerous conservative measures including time, medication, physical therapy, muscle relaxants, manipulation, etc. There is some radiographic corroboration for the applicant's radicular complaints. The patient has active signs and symptoms of radiculopathy with diminished right lower extremity reflexes, diminished lower extremity strength, etc. A trial diagnostic epidural steroid injection is indicated, given the incomplete radiographic corroboration for the applicant's radicular symptoms. Therefore, the request is medically necessary and appropriate.