

<b>Case Number:</b>	CM13-0066019		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/20/2009
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 male that reported an injury on 10/20/2009. The mechanism of injury was not provided in the medical records. The clinical note dated 12/30/2013 noted that the patient complained of pain level of 6/10 with intermittent sharp pain exacerbated with any activity, changes in position, rotation, prolonged sitting, and lifting objects. The pain is improved with rests, shifting weight, cold/heat, Norco, Gabapentin, Amrix, and sleep is improved with Ambien. Lower back pain associated with radiating pain, numbness, tingling, down the left L5 dermatome to the foot. The patient reported that he was having weakness to the left quadriceps, ankle and ankle evertors at times. On it exam it was noted that the patient was tender to palpitation at L4-5, and L5-S1 interspaces. Range of motion was limited in the left oblique extension due to low back pain. Sensation was noted to be reduced to light touch in the dorsum of the left foot and left heel. Surgical history noted the patient is status post a L4-L5 laminectomy in 04/2010. MRI on 11/18/2011 noted surgical changes and multilevel disc disease. The patient ambulates with a cane and is noted to have left foot drop. There was no noted change in pain from documentation on 06/17/2003 until 12/30/2013 medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLUOROSCOPY-GUIDED LEFT L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION (ESI): Upheld**

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

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

**Decision rationale:** The California MTUS recommend steroid injections for the treatment of radicular pain. The guidelines recommend no more than two (2) epidural steroid injections. The guidelines recommend a second injection if the first injection is partially successful. The success of the injection on radicular pain may be noticed between the 2nd week and week 6. The criteria for the use of Epidural steroid injections are that the radiculopathy must be documented by physical exam and verified by imaging studies, unresponsive treatment to conservative treatments of exercise, physical methods NSAIDS, and muscle relaxants. In the therapeutic phase, there must be documentation of continued objective documented pain and functional improvement with at least 50% of pain relief with a reduction of pain medications for six to eight weeks. The documentation provided for review mentioned a neurologic deficit yet there was no imaging documentation to support the deficit, and the documentation failed to conclude what and when conservative treatments failed. There was a lack of objective documentation from the physician on the reasoning for the injections. Therefore, the request is non-certified.