

<b>Case Number:</b>	CM13-0066729		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/18/2002
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	12/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Georgia. 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 50-year-old with date of injury 05/30/2008. The listed diagnoses by [REDACTED] dated 11/18/2013 are post laminectomy instability L4/5 with L5 spondylolysis, Herniated Nucleus Pulposus L5/S1 with instability, and Status-post L4-S1 ALDF, possible radiculitis, 2009. According to progress report dated 11/18/2013 by [REDACTED], the patient presents with lower back pain radiating to his left lower extremities. Objective findings show normal reflex, sensory and power testing to the bilateral upper and lower extremities except for diffuse LLE (lower left extremity) numbness. Negative for straight-leg raise and bowstring. Minimal lumbar spine tenderness and spasm. He is able to heel-walk and toe-walk bilaterally. Range of motion of the lumbar spine is decreased by 20%. MRI report dated 10/17/2013 show adequate caliber of the central spinal canal at L4-L5 and L5-S1. Mild to moderate facet arthrosis at L4-L5. Mild left L4-L5 foraminal stenosis. Treater is requesting a lumbar epidural steroid injection to the L4-L5 and L5-S1 levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LESI (Lumbar Epidural Steroid Injection) at L4-L5 and L5-S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Section Page(s): 46 - 47.

**Decision rationale:** This patient presents with chronic low back pain radiating to his left lower extremities. The treater is requesting LESI to the L4-L5 and L5-S1. Utilization review dated 11/25/2013 denied the request stating "there are minimal to no clinical findings on exam and no apparent disc pathology on the MRI. Also a 2 level injection is not recommended." The Chronic Pain Medical Treatment Guidelines states radiculopathy must be documented with physical examination and imaging studies including unresponsiveness to conservative treatments. Furthermore, no more than two nerve root levels should be injected using transforaminal blocks." MRI report dated 10/17/2013 showed the following: Adequate caliber of the central spinal canal at L4-L5 and L5-S1, mild to moderate facet arthrosis at L4-L5, mild left L4-L5 foraminal stenosis. In this patient, while the treater documents "left lower extremity pain," it is not described in a specific dermatomal pattern to indicate radiculopathy. Furthermore, while MRI shows left L4-5 foraminal stenosis, the patient's leg symptoms are not described in L4 nerve root distribution and examination shows negative SLR with no sensory/motor deficits in L4 nerve distribution. ESI would not be indicated. The patient seems to be doing fairly well with medication as well. The request for an LESI (Lumbar Epidural Steroid Injection) at L4-L5 and L5-S1 is not medically necessary or appropriate.