

<b>Case Number:</b>	CM13-0067322		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/16/2009
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	12/02/2013
<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 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 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 37 year-old male that reported an injury on 06/16/2009 and the mechanism of injury was unspecified. The patient's current diagnosis is lumbosacral neuritis nos. The documentation indicated that the patient had received previous epidural steroid injections on 03/29/2013 with 50% decrease of pain and 06/16/2013 with 60% decrease of pain. The most recent clinical note the patient indicated recurrence of moderate pain to his the low back. On physical examination the patient's range of motion is decrease in the lumbar spine due to pain, moderate tenderness to palpation of the lumbosacral spine and paraspinals. The patient's straight leg raise test was positive. The current treatment plan is for a bilateral L5-S1 interlaminar epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 BILATERAL L5-S1 INTERLAMINAR EPIDURAL STEROID INJECTION WITH FLUROSCOPY: Upheld**

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

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

**Decision rationale:** The California MTUS guidelines indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. If the patient is initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) an epidural steroid injections is recommended. Current research does not support "series-of-three" injections in either the diagnostic orthorapeutic phase. We recommend no more than 2 ESI injections. The clinical documentation provided did not indicate the patient has measurable neurological deficits that indicate radiculopathy on physical examination. The request for diagnostic lumbar bilateral L5-S1 interlaminar epidural steroid injection with fluoroscopy is not medically necessary and appropriate.