

<b>Case Number:</b>	CM14-0001179		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/31/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 and is licensed to practice in Texas. 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:

Lumbar spine MRI dated 6/28/2013 revealed: 1. Spondylotic changes. 2. L3-4: 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. 3. L4-5: Posterior annular tear is seen within the intervertebral disc. 1.2 mm posterior disc bulge resulting in mild right and moderate left neural foraminal narrowing in conjunction with facet joint hypertrophy. 4. L5-S1: 2-3 mm posterior disc bulge resulting in moderate to severe right and mild left neural foraminal narrowing in conjunction with facet hypertrophy. An 8/9/2013 electrodiagnostic study of the upper and lower extremities revealed lower NCS: normal NCS; prolonged left H reflex compared to the right - nonspecific but may support presence of left S1 radiculopathy. Lower EMG: EMG revealed normal study with no evidence of bilateral radiculopathy except: mild evidence of bilateral L5 and S1 radiculopathy. The examination on 10/24/2013 documents decreased lumbar ROM, 2/4 patella and 1/4 Achilles DTRs, 5/5 right and 4+/5 left lower extremity motor strength, and decreased sensory along posterolateral thigh and posterolateral calf on the left in the L5-S1 distribution in comparison to the right. The 11/07/2013 operative report documents the patient was administered LESI at right and left L5-S1 level. According to the 12/09/2013 PR-2, the patient reports he had L5-S1 LESI one month ago. He reports pain improvement only for 15 days. He states pain has returned. Functional change unchanged since last exam. No physical examination documented. He continues work restrictions. The examination on 3/25/2014 documents the same physical examination findings as documented on 10/24/2013 - decreased lumbar ROM, 2/4 patella and 1/4 Achilles DTRs, 5/5 right and 4+/5 left lower extremity motor strength, and decreased sensory along posterolateral thigh and posterolateral calf on the left in the L5-S1 distribution in comparison to the right. Per the report, the patient also had an L5-S1 ESI on 2/27/2014, also only provided short term relief.

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

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

### **LUMBAR EPIDURAL STEROID INJECTION, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria of the use of epidural steroid injections Page(s): 46.

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

**Decision rationale:** According to the CA MTUS guidelines, one criteria for epidural steroid injections require that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, on 11/07/2013 the patient was provided a LESI at the bilateral L5-S1 level. On 12/09/2013, he reported the injection provided pain relief for only 2 weeks, and then pain returned. The medical records fail to establish the prior LESI provided significant reduction in pain allowing reduction in medication use, for at least 6-8 weeks. Consequently, given the less than optimal response to the prior epidural injection, a repeat LESI injection is not recommended by the guidelines, and is not medically necessary.