

<b>Case Number:</b>	CM14-0007789		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This is a 35-year-old male patient with a 7/16/13 date of injury. A 2/14/14 progress report indicates persistent pain in the arms and legs. There is low back pain radiating down the lower extremities, the lateral aspect of his left leg to the ankle and on the medial aspect of the right leg into his right medial calf. An 11/1/13 lumbar MRI demonstrates slight spondylolisthesis at L5-S1; was no evidence of central or significant neural foraminal stenosis. Physical exam demonstrates limited lumbar range of motion, unremarkable lower extremity neurologic findings. Electrodiagnostic findings on the upper and lower extremities were unremarkable. A 12/12/13 progress report indicates persistent low back pain radiating down the lower extremities. Treatment to date has included medication, activity modification, and medication. Physical exam demonstrated slightly decreased sensation over the right lateral calf. There is documentation of a previous 1/9/14 adverse determination for lack of positive imaging findings on MRI that would indicate L5-S1 radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EPIDURAL STEROID INJECTION (ESI) L5-S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA Guides.

**Decision rationale:** The California MTUS does not support epidural steroid injections in the absence of objective radiculopathy. In addition, the MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than four blocks per region per year. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. Imaging findings were negative for frank nerve root compromise at L5-S1. Therefore, the request is not medically necessary.