

<b>Case Number:</b>	CM14-0007979		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/21/1996
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 and is licensed to practice in Florida. 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 injured worker is a 54 year old male with a reported injury date on 05/21/1996; the mechanism of injury was not provided. The clinical note dated 01/31/2014 noted that the injured worker had complaints that included 7-8/10 low back pain that radiated in the left buttocks, left hip, and left lateral thigh. Additional complaints included spasms and stiffness to the lower back and numbness and weakness in the left lower extremity. Objective findings included tenderness to the paraspinal muscles and facet joints in the region of the S1 bilaterally, decreased sensation to light touch along the S1 dermatome of the left lower extremity and positive seated straight leg raise bilaterally. The request for authorization for a L5-S1 lumbar epidural injection was submitted on 01/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

**Decision rationale:** It was noted that the injured worker had complaints that included 7-8/10 low back pain that radiated in the left buttocks, left hip, and left lateral thigh. Additional complaints included spasms and stiffness to the lower back and numbness and weakness in the left lower extremity. Objective findings included tenderness to the paraspinal muscles and facet joints in the region of the S1 bilaterally, decreased sensation to light touch along the S1 dermatome of the left lower extremity and positive seated straight leg raise bilaterally. The California MTUS guidelines recommend the use of epidural steroid injections for the treatment of radicular pain and repeat blocks can be used if there is continued documentation of pain and functional improvement, to include at least 50% pain relief with associated reduction of medication use for six to eight weeks, however there is no evidence of long-term pain relief beyond 3 months. Additionally, the guidelines state that imaging studies must corroborate objective symptomatology of radiculopathy found upon examination before epidural steroid injections are considered. Although the injured worker has documented symptomatology to suggest radiculopathy, there is no evidence of imaging studies that corroborate radiculopathy provided in the available documentation. As such this request for L5-S1 Lumbar Epidural Injection is not medically necessary.