

<b>Case Number:</b>	CM14-0100135		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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:

The patient is a 34-year-old male who has submitted a claim for lumbar degenerative disc disease and stenosis associated with an industrial injury date of 06/18/2013. Medical records from 10/28/2013 to 05/06/2014 were reviewed and showed that patient complained of low back pain (pain scale grade not made available) radiating down the left leg with numbness and weakness. Physical examination revealed pain with terminal ROM, weakness of left extensor hallucis longus, diminished sensation along dorsum of left foot, decreased reflexes bilaterally, and positive SLR test on the left. Treatment to date has included left L5-S1 ESI (12/20/2013), physical therapy, aquatic therapy, HEP, activity modifications, and pain medications. Of note, there was no documentation of functional outcome from the aforementioned treatment. Utilization review dated 05/21/2014 denied the request for lumbar epidural steroid injection to Left L5-S1 under fluoroscopy because the medical necessity cannot be established with unknown response to previous ESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection to Left L5-S1 under fluoroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The CA MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; 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, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient complained of low back pain radiating down the left leg. Physical exam findings include weakness of left extensor hallucis longus, hypesthesia along dorsum of left foot, decreased reflexes bilaterally, and positive SLR test on the left. The patient's clinical manifestations were inconsistent with a focal neurologic deficit to suggest presence of radiculopathy. Imaging studies were not made available; hence, there were no objective findings and imaging studies that provide evidence of radiculopathy. Of note, the patient had a previous left L5-S1 ESI (12/20/2013) with no documentation of functional outcome. Repeat ESI is only warranted if there is documentation of at least 50% pain relief for six to eight weeks per guidelines recommendation. Moreover, it is unclear if the patient is currently participating in rehabilitation program. The guidelines state that ESI should be used in conjunction with other rehab efforts. Lastly, there was no documentation of conservative treatment failure to support ESI. There is no clear indication for ESI at this time. Therefore, the request for Lumbar Epidural Steroid Injection to Left L5-S1 under fluoroscopy is not medically necessary.