

<b>Case Number:</b>	CM14-0106305		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/15/2009
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 61-year-old male who has submitted a claim for lumbar disc disease associated with an industrial injury date of August 15, 2009. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain with right leg radiculopathy. Examination revealed tenderness in the paralumbar region. ROM of the lumbar spine was restricted. MRI of the lumbar spine dated 9/13/13 documented: "Impression: 1) Disc bulge with an annular tear and a 4mm posterior central disc protrusion at L4-L5 which, together with moderate facet arthropathy and ligamentum flavum thickening, results in moderate to severe spinal stenosis as well as moderate bilateral neuroforaminal narrowing. 2) Disc bulge with an annular tear and a 4mm posterior disc protrusion at L3-4, which, together with mild facet arthropathy, results in moderate spinal stenosis as well as mild to moderate bilateral neuroforaminal narrowing. 2) 3 mm disc at L2-3, which, together with mild facet arthropathy, and ligamentum flavum thickening results in mild spinal stenosis as well as mild bilateral neuroforaminal narrowing. 4) 3 mm posterior central disc protrusion at L5-S1 without evidence of spinal stenosis or neuroforaminal narrowing. 5) 2-3 mm disc bulge at L1-2 with a posterior central annular tear but without evidence of spinal stenosis or neuroforaminal narrowing. 6) Mild bilateral facet arthropathy at L2-3, L3-4 and L5-S1 and moderate facet arthropathy at L4-5 and 7) disc desiccation at L1-2 through L5-S1. Treatment to date has included medications and home exercise program. Utilization review from June 9, 2014 denied the request for Lumbar Epidural Steroid Injection because the outcome of conservative treatment approaches was not specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection: Upheld**

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

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

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. In this case, the patient presented with symptoms consistent with a radiculopathy and supported by the MRI findings. However, there was not enough data on the physical examination to support radiculopathy. Moreover, there was no documentation in the provided records that the patient was initially unresponsive to conservative treatment. Finally, the level at which the LESI will be performed was not mentioned on the request, because of these reasons, the request for Lumbar Epidural Steroid Injection is not medically necessary.