

<b>Case Number:</b>	CM14-0109512		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 41 year old male with an injury date of 09/12/12. Based on 05/28/14 progress report provided by [REDACTED], the patient complains of moderate to severe low back pain with numbness to right great toe. Patient's medications include Diclofenac, Omeprazole, Prophylaxis and Tramadol. Patient has been referred to a functional restoration program. Previous methods of treating his chronic pain have been unsuccessful. Physical Examination to Lumbar Spine 05/28/14, tenderness and spasm to lumbar musculature- range of motion within normal limits with pain on flexion and extension, straight leg raise: positive bilaterally. MRI of Lumbar Spine 12/11/13- L5-S1: There is mild right lateral recess stenosis with borderline compression of the origin of descending S1 nerve due to approximately 3mm broad right protusion of disc and mild right facet hypertrophy. There is no significant central stenosis. The L5 nerves exit without compression. The irtervertebral disc space is mild to moderately narrowed with diminution of disc signal. Annular fissure of the right posterior annulus is noted. Diagnosis 05/28/14- Chronic low back pain.- chronic neck pain- Status post head injury- Headaches. [REDACTED] is requesting Interlaminar Lumbar Epidural Steroid Injection at L5-S1. The utilization review determination being challenged is dated 06/27/14. The rationale is " there is no evidence of an exhaustion of conservative treatment. There is no documentation of participation in a home exercise program in conjunction to injection therapy." [REDACTED] is the requesting provider, and he has provided treatment reports from 12/11/13 - 05/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**InterLaminar Lumbar Epidural Steroid Injection at L5-S1: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

**Decision rationale:** The patient presents with chronic low back pain with numbness to right great toe. The request is for Interlaminar Lumbar Epidural Steroid Injection at L5-S1. MTUS has the following criteria regarding ESI's, under its chronic pain section: pages 46,47. "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the patient has significant leg symptoms, positive SLR and an MRI showing disc protrusion involving the right S1 nerve root. a trial of an ESI appear reasonable. The request is not medically necessary.