

<b>Case Number:</b>	CM14-0010025		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/29/2010
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Family Practice 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 injured worker is a 43-year-old male who sustained an injury to his low back on 09/29/10. The mechanism of injury was not documented. The injured worker reported increased bilateral, right greater than left, leg symptoms over the last month with pain and associated numbness/paresthesia. The injured worker denied any focal weakness, incontinence and perennial anesthesia. An MRI of the lumbar spine dated October 2013 revealed a disc protrusion at L4-5 and larger L5-S1 paracentral. An electrodiagnsotic study (EMG/NCV) revealed evidence of right S-1 radiculopathy. The injured worker has been having trouble sleeping and performing activities of daily living. He reported his pain is 7/10 on the Visual Analogue Scale (VAS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LESI (LUMBAR EPIDURAL STEROID INJECTION) L5-S1: 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:** The previous request was denied on the basis that a previous lumbar epidural steroid injection had been performed on 01/04/13 with no relief or change in leg/heel

pain; therefore, this injection was both non-diagnostic and non-therapeutic. It was further noted the injured worker was administered a significant amount of sedative (6 mg of Versed, along with Fentanyl). This would negate any diagnostic outcome from the procedure if it had provided significant pain relief. There were no objective exam findings or corroborating diagnostic findings of radiculopathy. The California Medical Treatment Utilization Schedule (CAMTUS) states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given the clinical documentation submitted for review, medical necessity of the request for LES (lumbar epidural steroid injection) L5-S1 has not been established. Therefore, the request for LESI (Lumbar Epidural Steroid Injection) L5-S1 is not medically necessary and appropriate.