

<b>Case Number:</b>	CM14-0011691		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 48-year-old male who has submitted a claim for lumbosacral injury; lumbosacral radiculopathy, left S1; and lumbosacral sprain and strain injury associated with an industrial injury date of May 21, 2013. Medical records from 2013 were reviewed. The patient complained of low back pain. The pain radiated down the legs. Physical examination showed decreased lumbosacral range of motion. There was positive straight leg raise test of the legs. Motor strength was intact. There was decreased light touch sensation in the lateral aspect of the left leg. MRI of the lumbar spine revealed minimal disc desiccation at L4-L5 level. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, electroacupuncture, myofascial release and infrared for the lumbar spine, TENS unit, and activity modification. Utilization review, dated January 2, 2014, denied the request for lumbar epidural steroid injection at L5-S1 because previous epidural steroid injection reported only minimal relief for 2 days following the epidural, after which time the pain returned to the previous level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR EPIDURAL STEROID INJECTION AT L5-S1: 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 Page(s): 46.

**Decision rationale:** According to 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. Guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, repeat epidural steroid injection 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 has persistent low back pain that radiates to his legs. According to the medical records submitted, patient previously had a cortisone injection and it was not helpful. In addition, objective pain relief measures and evidence of functional improvement were not documented. The patient presented with left leg hypesthesia and positive straight leg raise test bilaterally. MRI of the lumbar spine revealed minimal disc desiccation at L4-L5 level. There was no evidence of neuroforaminal narrowing or nerve impingement. The MRI findings are not consistent with the patient's physical examination. In addition, there was no evidence that patient was unresponsive to conservative treatment. The guideline criteria have not been met. Furthermore, the present request failed to specify the laterality. Therefore, the request for LUMBAR EPIDURAL STEROID INJECTION AT L5-S1 is not medically necessary.