

<b>Case Number:</b>	CM14-0014755		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/18/2013
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 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 40-year-old female who has submitted a claim for lumbar disc disease without myelopathy associated with an industrial injury date of 02/18/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain, graded 6-7/10, radiating to the right lower extremity. Pain is aggravated by prolonged sitting or driving; and relieved by stretching and chiropractic therapy. Physical examination showed tenderness over the L4, L5, and S1 spinous processes. Range of motion was limited. Straight left raise and slump tests were positive on the right. Bowstring sign was positive on the right. DTRs are decreased in the bilateral patellae, and absent in the bilateral Achilles tendon. Motor testing showed weakness right gastroc soleus complex, and bilateral iliopsoas, extensor hallucis longus, and peroneal muscles. Decreased sensation was noted in the L5 and S1 dermatomes. MRI of the lumbar spine, dated 04/22/2013, showed mild right and moderate central left neuroforaminal narrowing at the level of L4-L5. EMG/NCS, dated 11/26/2013, showed L5 and S1 lumbar radiculopathy. Treatment to date has included medications, acupuncture, chiropractic therapy, and physical therapy. Utilization review, dated 01/06/2014, denied the request for epidural steroid injection because imaging studies were not consistent with physical examination findings.

### 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) L4-L6 Under Fluoroscopy With Intravenous Sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 8 Page(s): 46.

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

**Decision rationale:** As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 6 to 8 weeks. In this case, the patient complains of low back pain accompanied by radicular symptoms despite medications, physical therapy, chiropractic therapy, and acupuncture. The patient has had two previous ESIs in 2010. Physical examination findings included positive sciatic nerve tension tests, bilateral lower extremity hyporeflexia and areflexia, bilateral lower extremities weakness, and hypoesthesia in the L5 and S1 dermatomes. MRI of the lumbar spine, dated 04/22/2013, showed mild right and moderate central left neuroforaminal narrowing at the level of L4-L5. EMG/NCS, dated 11/26/2013, showed L5 and S1 lumbar radiculopathy. However, there was no discussion regarding percent pain relief, reduction of medication intake, or functional improvement from previous ESIs. Moreover, guidelines do not support the use of more than two ESIs. Lastly, the present request as submitted failed to specify the laterality of the intended procedure. The criteria for ESI have not been met. Therefore, the request is not medically necessary.