

<b>Case Number:</b>	CM14-0015780		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	07/17/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Medicine and Rehabilitation, 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 54-year-old male with date of injury of 07/17/2011. The listed diagnoses per [REDACTED] dated 01/08/2014 are: 1. Lumbar spine strain/sprain superimposed upon multilevel degenerative disk and joint disease. 2. Left ankle sprain/strain. 3. Left ankle status post surgery. 4. Left lower extremity peroneus longus and brevis injury/neuropathy per [REDACTED], September 2013. 5. Lumbar spine/left lower extremity radiculopathy. According to this report, the patient complains of constant left ankle and low back pain. He states that his low back pain extends to the left buttock, accompanied by painful tightness of the hamstrings and it also radiates into the left groin and testicle. The patient reports slight weakness in the left lower extremity but no giveaway weakness. The physical exam shows the range of motion of the lumbar spine is full. There is no pain on palpation noted in the lumbar spine and midline. Patrick's FABERE is negative on the right and positive on the left. Fortin finger is negative on right and positive on the left. The utilization review denied the request on 01/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT LUMBAR EPIDURAL STEROID INJECTION AT L5-S1 X1 WITH [REDACTED]  
[REDACTED] AT [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS, Page(s): 46, 47.

**Decision rationale:** This patient presents with chronic left ankle and low back pain. The treating provider is requesting lumbar epidural steroid injection at L5-S1. The MTUS Guidelines on epidural steroid injection states that it is recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). Furthermore, in the therapeutic phase, 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 with a general recommendation of no more than 4 blocks per region per year. The MRI (magnetic resonance imaging) of the lumbar spine dated 10/21/2013 showed progression of a disk narrowing and marginal spurring which is now high grade. No canal or lateral recess stenosis is evident at L5-S1. The operative report dated 01/08/2014 shows that the patient underwent a left L5-S1 epidurogram. The succeeding report dated 01/22/2014 documents, "injection 01/08/2014, 12 days of relief and pain return." In this case, while the patient reports significant symptoms of radicular pain, the MRI does not show significant stenosis that would corroborate lumbar radiculopathy. Furthermore, the Epidural steroid injection (ESI) performed on 01/08/2014 did not result in at least 50% pain relief for at least 6 to 8 weeks. The recommendation is for denial.