

<b>Case Number:</b>	CM14-0017382		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	10/27/2012
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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:

This is a 22 year-old male who was injured on 10/27/12. He has been diagnosed with lumbago with spondylosis, disc herniation and degeneration; thoracic HNP and lumbar radiculopathy. According to the 10/25/13 report, the patient presents with low back and leg pain. There was numbness and tingling down the left hip, knee and whole foot. There was slight decreased sensation on left L4/5 dermatome/medial calf. The physician requests a repeat ESI. On 1/15/14 UR recommended not medically necessary for a lumbar ESI at L4/5 and L5/S1.

### 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 LEVEL L4-5 AND L5-S1: Upheld**

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

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

**Decision rationale:** According to the 10/25/13 report, the patient presents with low back and leg pain. There was numbness and tingling down the left hip, knee and whole foot. There was slight decreased sensation on left L4/5 dermatome/medial calf. I have been asked to review for lumbar

ESI at L4/5 and L5/S1. The physical exam findings showed decreased sensation in the left L4/5 distribution, but not L5/S1. MRI from 2/19/13 shows disc protrusions at L3/4-L5/S1 with bilateral involvement of L4, L5 and S1 nerve roots. The 9/30/13 record review shows the patient had transforaminal lumbar ESIs, at left L4, L5 and S1 levels. The physician says the one LESI he had did not provide improvement. MTUS guidelines state: "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 six to eight weeks," The request for a repeat lumbar ESI when the first injection did not provide benefit is not in accordance with MTUS guidelines.