

<b>Case Number:</b>	CM14-0136021		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Therapy & 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 59-year-old male with a date of injury of 02/08/2013. The listed diagnoses per [REDACTED] are: 1. Musculoligamentous sprain/strain, lumbosacral spine. 2. L2-L3 instability. L4-L5 NFN. According to progress report 07/21/2014, the patient presents with low back pain that radiates into the left lower extremity. The patient has had good benefit from physical therapy in the past, and medications have been helpful. Examination revealed normal reflex, sensory, and power testing to bilateral upper and lower extremities except for some weakness and numbness on the left L5 and S1. Straight leg raise and bowstring test are positive in the left. Patient is unable to heel walk or toe walk bilaterally. There is positive lumbar tenderness and decreased range of motion about 25%. MRI of the lumbar spine from 05/09/2014 revealed mild central canal stenosis at L4-L5 and mild to moderate right-sided foraminal narrowing at L3-L4 with mild right L3 nerve compression. The treater is requesting a lumbar epidural steroid injection at L4-L5 bilaterally. Utilization Review denied the request on 07/29/2014. Treatment reports from 04/14/2014 through 07/21/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection L4-L5 Bilateral:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47.

**Decision rationale:** This patient presents with low back pain that radiates into the left lower extremity. The treater is requesting a lumbar epidural steroid injection at L4-L5 bilaterally. The MTUS Guidelines has the following regarding epidural steroid injections under the chronic pain section pages 46 to 47, "Recommended as an option for treatment of radicular pain (defined as pain in the dermatomal distribution with corroborated findings of radiculopathy)." This patient has not yet trialed epidural injections. This patient has pain that radiates from the low back to the left lower extremity. MRI from 05/09/2014 showed mild stenosis at L4-L5 and mild-moderate right-sided foraminal narrowing at L3-L4 with possible L3 nerve root involvement. The treater is requesting a bilateral L4-L5 LESI. In this case, there are no findings that would corroborate the patient's left lower extremity symptoms. MRI shows possible right L3 nerve root but the patient does not present with any right leg symptoms. The treater has asked for bilateral ESI's but again, there are no right leg symptoms. A clear radiculopathy must be documented for a trial of ESI to be supported. The findings at L4-5 are described as mild and unlikely explains the patient's left leg symptoms. MTUS recommends ESI for patients with radiculopathy that is corroborated by MRI findings. Recommendation is for denial.