

<b>Case Number:</b>	CM14-0138899		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/05/2000
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 57-year-old diabetic man who sustained a work-related injury on September 5, 2000. He subsequently developed chronic low back pain. According to the progress report dated July 17, 2014, the patient indicated that his radicular symptoms are much more severe. He is having pain, tingling, and paresthesias that radiate all the way down to bilateral feet, somewhat greater on the left side than the right. He has an L5-S1 disc protrusion and also a history of a coccygeal fracture. His physical examination revealed tenderness along bilateral lower lumbar paraspinal muscles, Iliolumbar and sacroiliac regions. Straight leg raising was positive on both sides, somewhat greater on the left side than the right. Reflexes were absent in bilateral knees and ankles. Sensation is decreased to light touch along bilateral lower extremities. The patient's gait is mildly antalgic. Lumbar range of motion was limited at 70% of normal. The patient was diagnosed with multilevel lumbar facet degeneration with central small L5-S1 disc protrusion, history of coccyx fracture status post conservative management, and lumbar strain with myofascial pain. The provider requested authorization for left L5-S1 ESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L5-S1 Epidural injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 309.

**Decision rationale:** According to MTUS guidelines, Epidural Steroid Injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. In addition, there is no clinical and objective documentation of radiculopathy. The pain reported in this patient did not follow a dermatoma distribution and MTUS guidelines does not recommend epidural injections for lower back pain without clear evidence of radiculopathy. Therefore, left L5-S1 ESI is not medically necessary.