

<b>Case Number:</b>	CM14-0150484		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/15/1985
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Occupational Medicine 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 57-year-old female who has submitted a claim for lumbosacral neuritis associated with an industrial injury date of 09/15/1985. Medical records from 03/17/2014 to 08/29/2014 were reviewed and showed that patient complained of low back pain graded 7/10 radiating down bilateral lower extremities. Physical examination revealed tenderness over bilateral paravertebral muscles, moderate facet tenderness over L4-S1, hypesthesia along L4 and 5 dermatomes bilaterally, weakness of bilateral L4 and L5, weakness of left L2 and L3 myotomal distribution, hyporeflexia of bilateral patellar and Achilles tendon reflexes, and positive SLR (straight leg raise) tests bilaterally. MRI of the lumbar spine dated 09/25/2013 showed left L4 and L5 nerve root compression. Treatment to date has included physical therapy, chiropractic manipulation, HEP (home exercise program), and pain medications. Of note, there was no documentation of functional outcome from aforementioned treatments. Utilization review dated 09/12/2014 denied the request for Lumbar spine bilateral L4-5 and left L5-S1 transforaminal epidural steroid injection x2 because there was no discussion of outcome from previous bilateral L4-5 and left L5-S1 transforaminal epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine bilateral L4-5 and left L5-S1 transforaminal epidural steroid injection x2:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The CA MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; In this case, the patient complained of low back pain radiating down bilateral lower extremities. Physical findings include hypesthesia along L4 and 5 dermatomes bilaterally, weakness of bilateral L4 and L5, weakness of left L2 and L3 myotomal distribution, hyporeflexia of bilateral patellar and Achilles tendon reflexes, and positive SLR tests bilaterally. The patient's clinical manifestations were consistent with a focal neurologic deficit to support the presence of radiculopathy. MRI of the lumbar spine dated 09/25/2013 showed left L4 and L5 nerve root compression. However, there was no objective documentation of functional outcome from physical therapy, chiropractic manipulation, and pain medications; hence, it is unclear as to whether there was failure of conservative treatment. There is no clear indication for lumbar ESI at this time. The request likewise failed to specify if ESI would be done under fluoroscopic guidance as required by the guidelines. Therefore, the request for Lumbar spine bilateral L4-5 and left L5-S1 transforaminal epidural steroid injection x2 is not medically necessary.