

<b>Case Number:</b>	CM14-0152983		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	05/29/1999
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 43-year-old female who has submitted a claim for Lumbosacral spondylosis without myelopathy associated with an industrial injury date of May 29, 1999. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain radiating into the left leg. Physical examination revealed tenderness on the midline at the level of L4 and L5, left gluteal muscles and bilateral lower facets, limitation of lumbar range of motion (ROMs) and absence of deformities on the lower extremities. Neurologic examination of the lower extremities is not present on the recent progress notes. MRI of the lumbar spine (undated) showed DDD/spondylosis with fusion L4/5 level, enhancing scar tissue, presence of transitional anatomy with no significant neural impingement. Treatment to date has included a series of two ESI injections on March 12, 2014 and June 20, 2014. The ESI on 6/17/2014 provided 50-80% pain relief for 2.5 months. The ESI on 3/12/14 provided 50% relief for 1-2 weeks. Utilization review from September 5, 2014 denied the request for "midline lumbar epidural steroid injection level L5, S1 potentially, (done in office)" because the guidelines do not recommend a series of 3 ESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MIDLINE LUMBAR EPIDURAL STEROID INJECTION LEVEL L5,S1 POTENTIALLY. (DONE IN OFFICE): 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.

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. In this case, the patient presented with low back pain radiating to the lower extremities. MRI of the lumbar spine (undated) showed DDD/spondylosis with fusion L4/5 level, enhancing scar tissue, presence of transitional anatomy with no significant neural impingement. The patient had two previous ESI injections; one on March 12, 2014 and the other on June 20, 2014. The ESI on 6/17/2014 provided 50-80% pain relief for 2.5 months. The ESI on 3/12/14 provided 50% relief for 1-2 weeks. The guidelines do not recommend a third ESI. Moreover, there is no recent neurologic exam to support presence of radiculopathy. Therefore, the request for "midline lumbar epidural steroid injection level L5, S1 potentially, (done in office) is not medically necessary.