

<b>Case Number:</b>	CM14-0158407		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	01/05/2007
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 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 59 year-old patient sustained an injury on 1/5/07 while employed by [REDACTED]. Request(s) under consideration include 1 Lumbar Epidural Steroid Injection. Diagnoses include Lumbago/ Lumbar radiculitis/ lumbosacral intervertebral disc disorder; myalgia; chronic pain; shoulder pain. Conservative care has included medications, therapy, home exercise program, psychological/ psychiatric care, heat/ice, injections, and modified activities/rest. Current medications list Norco, Cyclobenzaprine, Prozac, Effexor, and Celexa. MRI of lumbar spine dated 1/7/10 showed disc bulge at L4-5; right L3-4 with neural foraminal stenosis. Report of 8/28/14 from the provider noted the patient with ongoing chronic low back and leg pain rated at 4/10 with and 8/10 without medications. Exam showed intact sensation except for slightly diminished diffuse sensation at L3, L4, and L5 distribution, intact 5/5 motor strength in bilateral lower extremity with positive SLR. The request(s) for 1 Lumbar Epidural Steroid Injection was non-certified on 9/9/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Lumbar Epidural Steroid Injection:** 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 (ESIs), Page(s): 46.

**Decision rationale:** This 59 year-old patient sustained an injury on 1/5/07 while employed by [REDACTED]. Request(s) under consideration include 1 Lumbar Epidural Steroid Injection. Diagnoses include Lumbago/ Lumbar radiculitis/ lumbosacral intervertebral disc disorder; myalgia; chronic pain; shoulder pain. Conservative care has included medications, therapy, home exercise program, psychological/ psychiatric care, heat/ice, injections, and modified activities/rest. Current medications list Norco, Cyclobenzaprine, Prozac, Effexor, and Celexa. MRI of lumbar spine dated 1/7/10 showed disc bulge at L4-5; right L3-4 with neural foraminal stenosis. Report of 8/28/14 from the provider noted the patient with ongoing chronic low back and leg pain rated at 4/10 with and 8/10 without medications. Exam showed intact sensation except for slightly diminished diffuse sensation at L3, L4, and L5 distribution, intact 5/5 motor strength in bilateral lower extremity with positive SLR. The request(s) for 1 Lumbar Epidural Steroid Injection was non-certified on 9/9/14. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not demonstrated here. Although the patient has radicular symptoms; however, the clinical findings was without correlating neurological deficits with intact motor strength and non-correlating diffuse decreased sensation to repeat a LESI in the therapeutic phase. Repeat injections 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, not provided here. Submitted reports identified no response or improvement from the previous LESI done as the patient has unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased work status or activities of daily living. Criteria to repeat the LESI have not been met or established. The 1 Lumbar Epidural Steroid Injection is not medically necessary and appropriate.