

<b>Case Number:</b>	CM14-0158564		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	10/14/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/29/2014
<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 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 patient sustained an injury on 10/14/13 while employed by [REDACTED] Request(s) under consideration include Epidural steroid injection right L3-L4. Diagnoses include lumbar degeneration/ lumbosacral intervertebral disc/ lumbar radiculitis. Conservative care has included medications, therapy, previous LESI, and modified activities/rest. Report of 8/11/14 from the provider noted the patient with ongoing chronic pain rated at 7/10 with morning stiffness; cervical and right-sided lumbar pain and headaches. Exam showed antalgic gait; restricted lumbar flexion/ extension; normal station and posture; negative Romberg's; positive SLR on right at 15 degrees; impaired sensation of L3 and L4 distributions; motor strength of 5/5 in lower extremity. Medications list Elavil, Naproxen, and Cyclobenzaprine. The request(s) for Epidural steroid injection right L3-L4 was not medically necessary on 8/29/14 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:

#### **Epidural Steroid Injection Right L3-L4: Upheld**

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

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

**Decision rationale:** This patient sustained an injury on 10/14/13 while employed by [REDACTED]; [REDACTED]. Request(s) under consideration include Epidural steroid injection right L3-L4. Diagnoses include lumbar degeneration/ lumbosacral intervertebral disc/ lumbar radiculitis. Conservative care has included medications, therapy, previous LESI, and modified activities/rest. Report of 8/11/14 from the provider noted the patient with ongoing chronic pain rated at 7/10 with morning stiffness; cervical and right-sided lumbar pain and headaches. Exam showed antalgic gait; restricted lumbar flexion/ extension; normal station and posture; negative Romberg's; positive SLR on right at 15 degrees; impaired sensation of L3 and L4 distributions; motor strength of 5/5 in lower extremity. Medications list Elavil, Naproxen, and Cyclobenzaprine. The request(s) for Epidural steroid injection right L3-L4 was not medically necessary on 8/29/14. It was noted the patient had dramatic improvement from previous epidural steroid injection; however, symptoms returned after several days. 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 with impaired sensation on right L3 and L4, there is intact motor strength and reflexes without imaging or electrodiagnostics provided. Additionally, 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 seen here with only several days' relief. 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 Epidural Steroid Injection right L3-L4 is not medically necessary and appropriate.