

<b>Case Number:</b>	CM14-0164133		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 patient sustained an injury on 10/1/07 while employed by [REDACTED]. Request(s) under consideration include Lumbar Epidural Steroid Injection L5-S1. Diagnoses include Backache. Current medications list Lyrica, Lunesta, Tramadol, Cymbalta, and Lexapro. Report of 8/28/14 from the provider noted the patient with ongoing chronic low back pain and left leg pain rated at 8/10 with associated weakness, burning and tingling. Exam showed positive left SI joint pain; positive Patrick's test and facet loading bilaterally; 4/5 left hip strength with negative SLR and DTRs 2+ intact. Conservative care has included medications, therapy, lumbar epidural steroid injections in May 2011 and 2012 with 50% relief for couple of months, and modified activities/rest. Lumbar spine MRI had no evidence of significant neural foraminal or canal stenosis and Discogram in 1/2012 had no significant results documented. The request(s) for Lumbar Epidural Steroid Injection L5-S1 was non-certified on 9/5/14 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:

#### **Lumbar Epidural Steroid Injection L5-S1: Upheld**

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

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

**Decision rationale:** This patient sustained an injury on 10/1/07 while employed by [REDACTED]. Request(s) under consideration include Lumbar Epidural Steroid Injection L5-S1. Diagnoses include Backache. Current medications list Lyrica, Lunesta, Tramadol, Cymbalta, and Lexapro. Report of 8/28/14 from the provider noted the patient with ongoing chronic low back pain and left leg pain rated at 8/10 with associated weakness, burning and tingling. Exam showed positive left SI joint pain; positive Patrick's test and facet loading bilaterally; 4/5 left hip strength with negative SLR and DTRs 2+ intact. Conservative care has included medications, therapy, lumbar epidural steroid injections in May 2011 and 2012 with 50% relief for couple of months, and modified activities/rest. Lumbar spine MRI had no evidence of significant neural foraminal or canal stenosis and Discogram in 1/2012 had no significant results documented. The request(s) for Lumbar Epidural Steroid Injection L5-S1 was non-certified on 9/5/14. 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 provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support repeating the epidural injections. Although the provider reported 50% improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic injury without evidence of functional improvement from previous LESI. Criteria for repeating the epidurals have not been met or established. The Lumbar Epidural Steroid Injection L5-S1 is not medically necessary and appropriate.