

<b>Case Number:</b>	CM14-0172178		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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:

36 pages were provided for this review. The application for independent medical review was signed on October 17, 2014. It was a request for a lumbar epidural steroid injection on the left at L5-S1. The date of birth was November 27, 1976. The patient continued to have pain in the low back and left leg. The patient still had difficulty with mood, feeling unhappy and was crying. The patient had a history of depression 10 years ago, for which Lexapro and other medicines were taken. Both lower extremity muscle strength was five out of five, and reflexes in the patellar and Achilles were nonreactive. Sensation to pinprick was normal in the right lower extremity, and the left lower extremity had decreased lower leg, and medial, anterior, bilateral, and lateral foot sensation. The sensation in the left thigh posterior leg was within normal limits. The gait was antalgic. The patient was a smoker. He was diagnosed with a flare-up of low back pain with possible L4-L5 retrolisthesis. The claimant had instability, left lumbosacral radiculopathy, worsening back pain, recurrence of disc protrusion, history of nonindustrial gastritis or peptic ulcer disease, depression, and difficulty with adjustments to pain and disability. The patient was originally injured lifting 4 x 8 sections of fencing. The patient twisted and felt the pinch in the back. The medicines were Norco, Prilosec, Lidoderm patch, Flector patch, Amitriptyline, Trazodone, Cymbalta, Pravastatin, Glipizide, Metformin, Gabapentin, and Peri-Colace. He had an L5-S1 bilateral transforaminal Epidural Steroid Injection on September 24, 2013, with 50% relief for two months and then a second one on December 10, 2013 with no relief. The MRI showed congenital lumbar stenosis with bulging. There was L4-L5 grade 1 degenerative retrolisthesis with mild central canal narrowing and mild left neural foraminal narrowing. There were finally six therapy and eight acupuncture sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection Left 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 Page(s): 47 of 127.

**Decision rationale:** The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous ESI do not meet this criterion. The second ESI for example did not have a significant response. This would be the third in the series, and series of three injections are further not supported. The request appears appropriately not medically necessary based on the above.