

<b>Case Number:</b>	CM14-0026857		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/19/2003
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Pain Management, has a subspecialty in Interventional Spine 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 51 year old male with an injury date of 09/19/03. Based on the 01/09/14 progress report provided by [REDACTED], the patient complains of low back pain. He has pain in his back radiating to his left lower extremity. Motion is limited by pain and there is lumbar spasm present. The patient's diagnoses include persistent back pain following L4 through S1 decompression and fusion- 01/22/09 and removal of hardware- 10/15/12; stress/anxiety with depression; gastrointestinal upset; anal fissure status post repair- 10/07/10; sleep disorder/insomnia; right-sided abdominal pain status post anterior lumbar fusion; bruxism; hypertension; dyspepsia; sexual dysfunction; and chronic pain. The 12/17/13 MRI of the lumbar spine reveals the following postsurgical changes are noted at the L4-L5 and L5-S1 levels; there is anterolisthesis of L5 on S1; Prosthetic disc is noted at L4-L5 and L5-S1. There is left neuroforaminal narrowing without thecal sac effacement; and there is fluid noted posteriorly. Direct connection to the thecal sac is not identified to suggest a meningocele.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 LUMBAR STEROID INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, page 46.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In the absence of a clear dermatomal distribution pain corroborated by an imaging and an examination demonstrating radiculopathy, ESI is not indicated. Therefore, the request for L5-S1 lumbar steroid injection is not medically necessary and appropriate.