

<b>Case Number:</b>	CM14-0029148		
<b>Date Assigned:</b>	03/17/2014	<b>Date of Injury:</b>	09/21/2007
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Expedited	<b>Application Received:</b>	01/28/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 58 year-old male sustained an injury on 9/21/07 while employed by [REDACTED]. Request under consideration include URGENT Bilateral Lumbar Interlaminar Epidural Steroid Injection at L5-S1. Report of 12/6/13 from provider noted patient with complaints of neck, upper back pain, headaches, left knee pain, low back pain and bilateral leg pain with numbness and tingling. Exam of the lumbar spine showed tenderness of the paraspinal muscles, spasm, tender right buttock over the right trochanter; positive SLR at 45 degrees bilaterally; positive Fabere's and Gaenslen's tests; dermatomal changes at L5-S1 bilaterally; left knee has diffuse tenderness and swelling of medial joint line and inferior pole of patella; decreased ROM; positive Apleys grinding test. MRI of lumbar spine on 6/21/12 was reported to show L5-S1 disc bulge of 4.2 mm with spinal canal narrowing and bilateral neural foraminal narrowing. Conservative care has included work restrictions, physical therapy, lumbar epidural steroid injection (dated 4/25/12 which provided temporary relief of 2 weeks); SI joint injection, lumbar support, use of cane, trigger point injections, facet blocks, chiropractic care, home exercises program, corticosteroid injections to the knee, and shockwave therapy for the knee as well. Urgent request for the above epidural steroid injection was non-certified on 12/31/13 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:

**URGENT LUMBAR INTERLAMINAR EPIDURAL STEROID INJECTION L5-S1 BILATERAL:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines (2009), Epidural steroid injections (ESIs), page 46.

**Decision rationale:** The Physician Reviewer's decision rationale: This 58 year-old male sustained an injury on 9/21/07 while employed by [REDACTED]. Request under consideration include URGENT Bilateral Lumbar Interlaminar Epidural Steroid Injection at L5-S1. Report of 12/6/13 from provider noted patient with continued persistent severe radicular low back symptoms. Exam showed positive SLR and sensory deficits. MRI is consistent with disc protrusion and canal and neural foraminal narrowing at L5-S1. Conservative care has included work restrictions, physical therapy, lumbar epidural steroid injection (dated 4/25/12 which provided temporary relief of 2 weeks); SI joint injection, lumbar support, use of cane, trigger point injections, facet blocks, chiropractic care, home exercises program, corticosteroid injections to the knee, and shockwave therapy for the knee as well. 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); radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing which have been demonstrated; however, to repeat a LESI in the therapeutic phase, repeat blocks 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. The patient underwent extensive conservative care including multiple interventional pain procedure of injections, most notably the lumbar epidural steroid injection on 4/25/12 with only temporary relief of 2 weeks duration. Submitted reports have not demonstrated any functional improvement derived from the previous LESI as the patient has remained unimproved since the last year post epidural injection. Criteria to repeat the LESI have not been met or established. The URGENT LUMBAR INTERLAMINAR EPIDURAL STEROID INJECTION L5-S1 BILATERAL is not medically necessary and appropriate.