

<b>Case Number:</b>	CM14-0035910		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 61-year-old male who sustained a work related injury to his back on September 20, 2012 while unloading 12 pallets of heavy boxes at [REDACTED]. Since then, he has had a constant complaint of lower back pain with left posterior calf and toes most of the time. Physical exam is positive for bilateral lumbar paraspinal tenderness with mildly palpable muscle spasms bilaterally. An MRI dated 11/12/12 identifies the patient having a Grade 1 anterolisthesis of L5 on S1 due to chronic bilateral L5 pars defect, as well as degenerative changes at the upper lumbar levels that is absent of nerve root impingement at any level. Physical examination of the lumbar region finds a positive straight leg raise left, motor deficit (4/5) upon left ankle plantar- / dorsiflexion and left knee flexion and decreased sensation along the lateral border of the left foot. The patient is currently utilizing Naprosyn, Flexeril, Ultram and Norco for inflammatory, spasmodic, and pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Lumbar Epidural Steroid Injection (ESI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections. Decision based on Non-MTUS Citation Manchikanti, 2003; CMS, 2004; Boswell, 2007.

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

**Decision rationale:** Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing with the procedure performed under fluoroscopy for guidance. Repeated ESI treatment 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, with a general recommendation of no more than 4 blocks per region per year. The MTUS guidelines are specific as to what must be demonstrated in order to obtain an ESI. As there is neither the complaint of radicular symptoms, no documentation of radicular symptoms that are collaborated with either electrodiagnostic testing or imaging studies, the request is not medically necessary.