

<b>Case Number:</b>	CM14-0046211		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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, has a subspecialty in Pain management 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:

Patient is a 60-year-old male with an injury dated 06/10/2013. Records dated 12/10/2013, 01/23/2014, as well as 03/03/2014 all indicate low back pain levels of 8/10, with pain radiating down the right anterior and posterior thigh into the dorsal and plantar aspect of the foot. Progress report of 12/10/13 notes positive straight leg raise test on the right at 40 degrees. The patient underwent lumbar ESI on 02/03/2014. Records dated 07/18/13 MRI reveal L1-2 2mm retrolisthesis, 3-mm disk bulge; L2-3 2mm retrolisthesis, 3 to 4-mm disk bulge with mild bilateral foraminal narrowing; L3-4 2-mm retrolisthesis, 3 to 4 mm disk bulge; L4-5 acute Schmorl's node, 5-mm posterior disk protrusion extending into bilateral foraminal zones with moderate bilateral foraminal narrowing. Mild central canal stenosis measuring 9 mm, bilateral facet joint hypertrophy. L5-S1 3-mm retrolisthesis, 5-mm posterior disk protrusion, moderate to severe foraminal narrowing, severe bilateral facet joint hypertrophy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

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

**Decision rationale:** The medical necessity for requested procedure has not been established. The efficacy of the latter is questionable. Guidelines state that repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection. The patient underwent lumbar ESI on 02/03/2014. Progress report dated 03/03/2014 states that the epidural injection was helpful in improving his right leg. However, this contradicts to the constant stated 8/10 levels of pain documented a mere 30 days after the injection. Therefore, the guideline requirements for Lumbar epidural steroid injection (LESI) are not met.  
Recommendation: Not medically necessary.