

<b>Case Number:</b>	CM14-0054457		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/09/2010
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 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 40 year-old male with the date of injury of 07/09/2010. The patient presents with pain in his low back as well as his genitalia, abdomen, both of his legs, and feet. He describes his pain as pressure, tingling, numbing, pulsing, nagging, throbbing, radiating tender and cramping. According to [REDACTED] report on 03/06/2014, diagnostic impressions include, Post laminectomy pain syndrome, Chronic lumbosacral radiculopathy, Chronic pain syndrome and Chronic opioid use. The request is for an epidural steroid injection at L5-S1. The utilization review determination being challenged is dated on 04/10/2014. Treatment reports were provided from 04/07/2013 to 03/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Epidural Steroid Injection to 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): 46, 47.

**Decision rationale:** The patient presents with moderate to severe pain in his low back pain and weakness or numbness of both of his legs and feet. The request is for epidural steroid injection at L5-S1. Utilization review letter dated 04/10/2014 indicates that the patient had lumbar epidural steroid injection in January 2011 with several months' pain relief. MRI from 06/11/2013 reveals the followings: 1) There is postsurgical change involved the L4, L5 and S1 levels. 2) Concentric protruding disc at L4-L5 results in mild bilateral recess stenosis. 3) No high-grade neural effacement or focal neural effacement is determined throughout the lumbar spine. The patient presents a positive straight leg raise to 30 degrees. He ambulates with an antalgic gait with a limp to his left side. MTUS guidelines state that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/ or electrodiagnostic testing. In this case, the patient is s/p decompressive surgery at L4-5, L5-S1 and only bulging disc is found at L4-5 level. There is no longer any nerve root lesion. EMG findings are not reported. Furthermore, the treater does not document whether or not the patient experience functional improvement with medication reduction from prior injection. Therefore, the request is not medically necessary.