

<b>Case Number:</b>	CM14-0054978		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/28/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Physical Medicine & Rehab, 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:

This is a patient with a date of injury of April 28, 2012. A utilization review determination dated March 25, 2014 recommends noncertification of a lumbar epidural steroid injection at L5-S1. A progress report dated April 17, 2013 identifies an MRI on June 11, 2012 which identified a 1-2 mm central disc bulge at L5-S1 with no nerve root encroachment. The note goes on to indicate that the patient has tried medication and physical therapy. The note goes on to state that the patient is not a candidate for surgical intervention. The patient is identified as being neurologically intact with 5/5 strength in the lower extremities. A QME report dated February 26, 2013 identifies normal neurologic examination in the lower extremities with negative straight leg raising. A progress note dated December 5, 2013 identifies subjective complaints of low back pain which radiates to the left lower extremity. Objective examination findings revealed decreased sensation in the left L4, L5, and S1 dermatomal distributions, lumbar range of motion is restricted. Diagnoses include chronic low back pain and lumbar radiculopathy affecting the left L5 and S1 nerve roots. And the treatment plan recommends a lumbar epidural steroid injection at L5-S1. An MRI dated January 29, 2013 identifies a focal central disc protrusion at L5-S1 with annular tearing with no significant neuroforaminal narrowing. At L4-5, there is narrowing of the bilateral lateral recesses with encroachment of the left and right L5 transiting nerve roots.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection, L5-S1, Translaminar Approach: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIx).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 and 46 of 127 Epidural steroid injections (ESIs).

**Decision rationale:** Regarding the request for repeat lumbar epidural injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. With the documentation available for review, it appears the patient has subjective complaints of radicular pain corroborated by object of findings. There is also documentation that the patient has failed conservative treatment. However, the MRI does not support a diagnosis of radiculopathy at the L5 S1 disc level, as is currently being requested. There is identification of neuroforaminal stenosis at the L3-4 and L4-5 levels, but there is no provision to modify the current request. As such, the currently requested lumbar epidural steroid injection L5-S1, is not medically necessary.