

<b>Case Number:</b>	CM14-0056643		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Medicine 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 51-year-old male with a 07/26/13 date of injury. The 02/15/14 progress report states worsening bilateral leg pain, left greater than right. 2+ lumbar paraspinous muscle spasm, tenderness to palpation. Patient is neurologically intact: no strength, motor, reflex deficit noted straight leg raising test negative bilaterally. The medications include: Naprosyn, Prilosec, Flexeril and Tramadol. Records were reviewed showing intermittent positive nerve root tension signs and decreased sensation on the left in an L5-S1 dermatome. Lumbar MRI dated 08/12/13 indicates 1.6-mm posterior disk protrusion with a 5-mm anteroposterior x 6-mm CC posterior central anterior disk extrusion at L5-S1 with moderate facet arthropathy resulting in severe left and moderate right neural foraminal narrowing. Mild facet of the L34 and L4-5, moderate facet arthropathy at L5-S1. Disk desiccation at L1-2, L3-4, L5-S1 with mild to moderate disk loss at L5-S1. Diagnoses: Central herniated disk at L5-S1, lumbar sacral strain, facet arthropathy. Patient is in physical therapy her report dated 11/16/13. Request is for lumbar epidural steroid injection L5-S1 bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection (ESI) L5-S1, bilateral QTY: 2.00:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** There is a date of injury over one year old. There has been conservative treatment. The doctor discusses the need for at least one epidural steroid injection to see if this can relieve his leg pain. If not, there will be a request for a CT myelogram and request for surgery. Although there lack of a consistent objective radiculopathy, the patient does have left greater than right leg pain, intermittent left nerve root tension signs, and left dermatomal disturbances with severe left foraminal narrowing. It is recommended that the patient undergo at least one epidural. Certified.