

<b>Case Number:</b>	CM14-0071314		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/30/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 38 year old male with complaints of low back pain and bilateral leg pain. The date of injury is 11/30/11 and the mechanism of injury is not elicited. At the time of request for second epidural steroid injection L5-S1, there is subjective (low back pain, bilateral lower extremity pain) and objective (restricted range of motion lumbar spine with associated pain, provocative back pain with straight leg raise maneuver and positive Lasegue's test, dysesthesia L5-S1 dermatome right) findings, imaging findings (MRI lumbar spine 12/2/13 which shows progressive disc lesions at L4-5 and L5-S1, disc bulging at each level, severe right canal stenosis at L4-5, bilateral neural foraminal stenosis at L4-5 and L5-S1), diagnoses (Right L5 radiculopathy), and treatment to date (epidural steroids, medications). There needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. Most recommendations support no more than 2 epidural steroid injections. Current recommendations suggest a second epidural if partial success is demonstrated with the first epidural.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second lumbar epidural injection L5-S1: Overturned**

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

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

**Decision rationale:** Based on MTUS-Chronic Pain Medical Treatment Guidelines, there needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. Most recommendations support no more than 2 epidural steroid injections. Current recommendations suggest a second epidural if partial success is demonstrated with the first epidural. This patient has clinical findings of L5 radiculopathy/radicular pain that correlates with the imaging finding of L5-S1 disc protrusion as well as significant analgesic response from the first epidural steroid injection. Therefore, L5-S1 epidural steroid injection under fluoroscopy is appropriate and medically necessary.