

<b>Case Number:</b>	CM14-0074869		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Occupational 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:

The patient is a 33-year-old male who has submitted a claim for lumbar degenerative disc disease, status post micro discectomy at L5-S1 (08/27/2013); associated with an industrial injury date of 09/01/2011. Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain, graded 9/10, and described as sharp, dull, burning, and aching. The pain is aggravated by bending, walking, and twisting. Physical examination showed that the patient had a normal gait, with no need for use of an assistive device. The patient moved all extremities well. Motor testing was normal. Sensation to the light touch and pinprick was normal in the bilateral L3, L4, L5, and S1 dermatomes. MRI of the lumbar spine, dated 01/02/2014, showed mild left neural foraminal narrowing at the level of L3-L4, mild left and moderate right neural foraminal narrowing at the level of L4-L5, and moderate bilateral neural foraminal narrowing at the level of L5-S1. Treatment to date has included medications, physical therapy, epidural steroid injections, trigger point injection, sacroiliac joint injections, and surgery as stated above. A utilization review, dated 05/01/2014, denied the request for epidural steroid injection because there was no clinical evidence of radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inject Spine Lumbar / Sacral:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, the patient complains of low back pain despite medications, physical therapy, and surgery. MRI of the lumbar spine, dated 01/02/2014, showed mild left neural foraminal narrowing at the level of L3-L4, mild left and moderate right neural foraminal narrowing at the level of L4-L5, and moderate bilateral neural foraminal narrowing at the level of L5-S1. However, the medical records submitted for review failed to show objective evidence of radiculopathy on physical examination. Moreover, the patient has had previous ESI (un-quantified and undated) prior to surgery in August 2013; but there was no discussion regarding percentage and duration of pain relief as well as objective evidence of functional improvement derived from it. Lastly, the present request as submitted failed to specify the level of the intended procedure. The criteria for ESI have not been met. Therefore, the request for Inject Spine Lumbar / Sacral is not medically necessary.