

<b>Case Number:</b>	CM14-0192826		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	03/23/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 53-year-old male with a date of injury of 03/23/2013. The listed diagnoses are: 1. Chronic low back pain, degenerative lumbar spondylolisthesis. 2. Chronic low back pain, myofascial pain syndrome. 3. Pain disorder with psychological/general medical condition. 4. Insomnia, due to chronic pain. According to progress report 09/16/2014, the patient presents with continued low back pain with progressive radicular pain into both legs, left greater than right side. The patient continues to be active as much as possible, but has severe limitations due to the chronic radicular low back pain. The treating physician notes that the patient may require decompressive surgery of the lumbar spine as he has continued severe left sciatic nerve pain. Examination of the lumbar spine revealed decreased range of motion, muscle spasms over the paraspinals/gluteus muscles, muscle guarding of the left lower extremity, and positive straight leg raise on the left. Treatment plan includes continuation of current analgesic medications for pain control and a lumbar epidural steroid injection at level L5-S1. MRI of the lumbar spine from 05/16/2013 revealed disk bulging at the L4-L5 disk level with spinal canal neuroforaminal stenosis, mild disk bulging at L5-S1 disk level without evidence of impingement on the neural elements. X-ray of the lumbar spine from 04/04/2013 revealed spondylosis with mild disk space narrowing at L5-S1. This is a request for lumbar epidural steroid injection at level L5-S1. The utilization review denied the request on 11/03/2014. Treatment reports from 05/13/2014 through 09/16/2014 were provided for review.

### 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: Upheld**

**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 Injection (ESI) Page(s): 46-47.

**Decision rationale:** This patient presents with chronic low back pain with progressive radicular pain into both legs, left greater than right. The current request is for lumbar epidural steroid injection, L5-S1. The utilization review denied the request stating that there is "lack of documentation and imaging in the lumbar spine to corroborate the radiculopathy and diagnosis." The MTUS Guidelines has the following regarding ESI under its chronic pain section pages 46 and 47, "Recommended as an option for treatment for radicular pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy." It does not appear that this patient has trialed epidural steroid injections. As documented on progress report 09/16/2014, the patient presents with neurological deficits, positive straight leg raise, and severe left sciatica nerve pain. Although this patient presents with radicular symptoms, the MRI revealed "mild disk bulging at L5-S1 disk level without evidence of impingement on the neural elements." There appears to be no herniation/protrusion or stenosis that would corroborate the patient's complaints of left leg pain and sciatica. The requested LESI is not medically necessary.