

<b>Case Number:</b>	CM14-0193347		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	10/12/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/18/2014
<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 32-year-old female with injury date of 10/12/13. Based on the 11/07/14 progress report, the patient complains of back pain radiating in the RIGHT leg, foot, ankle, and heel. Patient is status post lumbar microdecompression per 08/21/14 anesthesia record. Physical examination on 11/07/14 revealed bilateral positive straight leg raise test. Patient presents with more back pain radiating down the RIGHT leg, numbness in the left foot and toes, and trouble finding positions of comfort per 10/01/14 progress report. Per progress report dated 11/07/14, treater requests epidural steroid injection to "quiet down her symptoms and help her to get back onto the road to recovery." Diagnostic study per 10/07/14 progress report:-MRI of the lumbar spine 11/06/14: degenerative changes at the L5-S1 level without evidence of recurrent disk herniation. Radiologist states patient may have "some underlying stenosis and mild impingement on the exiting nerve root on the right." Surgery:-Lumbar microdecompression at L5-S1 per 08/21/14 Anesthesia Record Diagnosis 11/07/14-Herniated nucleus pulposus, L5-S1, status post microdiscectomy, L5-S1.-Status post motor vehicle accident with flare-up of radiculopathy The request is for INJECTION - STEROID RIGHT L5-S1 EPIDURAL STEROID INJECTION. The utilization review determination being challenged is dated 11/18/14. The rationale is "...no documentation of physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive straight leg raising test." Treatment reports were provided from 02/19/14 to 11/07/14 .

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection-Steroid Right L5-S1 epidural steroid injection, Lumbar Spine: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46, 47.

**Decision rationale:** Patient presents with back pain radiating in the right leg, foot, ankle, and heel.. The request is for INJECTION - STEROID RIGHT L5-S1 EPIDURAL STEROID INJECTION. Patient is status post Lumbar microdecompression at L5-S1 per 08/21/14 Anesthesia Record. Diagnosis dated 11/07/14 included herniated nucleus pulposus L5-S1 and flare-up of radiculopathy. MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," and "In the therapeutic phase, 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Per progress report dated 11/07/14, treater requests epidural steroid injection to "quiet down her symptoms and help her to get back onto the road to recovery." UR letter dated 11/18/14 states "...no documentation of physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive straight leg raising test." However, patient presents with more back pain radiating down the RIGHT leg, numbness in the left foot and toes, and trouble finding positions of comfort per 10/01/14 progress report. Physical examination on 11/07/14 revealed bilateral positive straight leg raise test. MRI of the lumbar spine dated 11/06/14 revealed "some underlying stenosis and mild impingement on the exiting nerve root on the RIGHT." Treater has documented radiculopathy by physical examination and corroborated with MRI, as required by MTUS. In review of medical records, there is no indication patient has had prior ESI to the lumbar spine. The request IS medically necessary.