

<b>Case Number:</b>	CM14-0196502		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	12/21/2012
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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:

39 year old male service technician injured his mid and lower back at work on 21 Dec 2012. He was diagnosed with left lumbar disc herniation with radiculopathy, lumbar degenerative disc disease and backache. Comorbid conditions include obesity (BMI 34.43). Most recent symptom review on 11 Sep 2014 showed continued low back pain with intermittent radiation into his leg and slight weakness in the left foot. He complained of difficulty sleeping and intolerance to sitting. Most recent exam on 22 Aug 2014 showed antalgic gait, restricted range of motion to lumbar spine for flexion, extension and lateral flexion (left and right), hypertonic paravertebral musculature on palpation, positive straight leg raise on the right, motor strength in lower extremities 5/5 except for 4/5 at bilateral ankle dorsi flexors, deep tendon reflexes at knee and ankle 2/4 except for 1/4 at right knee, and decreased sensation to light touch over lateral foot, medial foot and anterior thigh on the left side. Lumbar MRI (prior to surgery) showed multilevel foraminal stenosis, a herniated disc at L4-5 with left L4 nerve root impingement. Treatment has included surgery (L4-5 microdiscectomy on 16 Dec 2013), Lumbar Epidural Steroid Injection (7 May 2013), trigger point injection (12 Apr 2012), physical therapy, TENS and medications (ibuprofen, Norco, Neurontin, Zanaflex, Vicodin, Tramadol, Robaxin, Flexeril, Valium). Present medications are: Ibuprofen, Norco, Zanaflex and Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5 Left Transforaminal Epidural Steroid Injection (ESI): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 309 and 310, Chronic Pain Treatment Guidelines Part 2 Page(s): 39,40 and 46.

**Decision rationale:** The best medical evidence today for individuals with low back pain indicates that having the patient return to normal activities provides the best outcomes. Therapy should be guided, therefore, with modalities which will allow this outcome. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. As per the MTUS the present recommendation is for no more than 2 such injections, the second being done only if there is at least a partial response from the first injection. Its effects usually will offer the patient short term relief of symptoms as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The MTUS provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination and corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. In summary this patient has documented herniated disc disease with L4 radiculopathy that didn't improve with microdiscectomy, the post-surgery physical therapy along with medication and TENS has been helpful and there is no recent post-surgical MRI showing continued nerve impingement. Thus, the patient does not meet the criteria for this requested therapy therefore; this request is not medically necessary.