Case Number:	CM14-0209118		
Date Assigned:	12/22/2014	**Date of Injury:**	12/21/2012
Decision Date:	02/18/2015	**UR Denial Date:**	12/02/2014
Priority:	Standard	**Application Received:**	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Internal Medicine

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 an injured worker with a history of low back complaints and lumbar radiculitis. Date of injury was December 21, 2012. The operative report dated August 11, 2014 documented the performance of L4-5 epidural local anesthetic and steroid injection, with good pain relief following injection. The pain management evaluation report dated November 12, 2014 documented that the patient was evaluated with regard to her lumbar spine radiculitis. The patient presents with a recurrence of her left-sided lower back pain and spasm with radiation down into the left lower extremity along the posterior lateral aspect of the left lower extremity down to the level of the calf. There is a pulling sensation, spasms and electrical shocking sensations as well as numbness and tingling. It is made worse with prolonged standing or walking. It is improved somewhat with sitting. Her pain at this time is approximately an 8/10. She denies bowel or bladder incontinence at this time. She does complain of some weakness in the left lower extremity. Physical examination was documented. The patient is alert and oriented. There arc no pinpoint pupils. Lumbar spine examination was documented. There is mild tenderness to palpation in the paravertebral musculature. Straight leg raise is positive on the left at approximately 50%. There is decreased sensation in the L5-S1 dermatome. Deep tendon reflexes are diminished in the Achilles. Heel-and-toe walk is intact at this time. MRI magnetic resonance imaging of the lumbar spine dated April 30, 2013 demonstrated a 2-mm disc protrusion at L4-L5, which together with moderate facet arthropathy at this level results in mild left neuroforaminal narrowing. There is also a 2-mm disc protrusion at L3-L4. There is a 4-mm anterior disc protrusion at Tl1-T12. Diagnosis was Lumbar spine radiculitis. Treatment plan

was documented. The patient has signs and symptoms consistent with lumbar radiculitis. She has undergone conservative treatments including anti-inflammatories, muscle relaxant and physical therapy without long-term amelioration of her discomfort. She will be an excellent candidate for a single lumbar epidural injection in an attempt to mitigate her painful radiculopathy. She previously underwent a single lumbar epidural injection on August 11, 2014, with a 50% reduction in her lower back pain and 60% reduction in her lower extremity pain. The duration of this improvement was approximately 8 weeks. Subsequent to which, she has had a rapid recurrence of her lumbar radicular symptoms. A repeat injection in an attempt to further mitigate her pain was recommended. Lumbar epidural steroid infusion under fluoroscopic guidance at the L4-L5 and level was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 lumbar epidural steroid injection under fluoroscopic guidance times 1: Overturned

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). MUTS Chronic Pain Medical Treatment Guidelines (page 46) state that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. MRI magnetic resonance imaging of the lumbar spine dated April 30, 2013 demonstrated a 2-mm disc protrusion at L4-L5, which together with moderate facet arthropathy at this level results in mild left neuroforaminal narrowing. The operative report dated August 11, 2014 documented the performance of L4-5 epidural local anesthetic and steroid injection, with good pain relief following injection. The pain management evaluation report dated November 12, 2014 documented that the patient experienced a 50% reduction in her lower back pain and 60% reduction in her lower extremity pain. The duration of this improvement was approximately 8 weeks. Recurrence of lumbar radiculitis was documented in the 11/12/14 report. The patient experienced pain relief for eight weeks as a result of the 8/11/14 epidural steroid injection. The 4/30/13 MRI magnetic resonance imaging of the lumbar spine provides corroboration. The medical records provide support for the request for a repeat lumbar epidural steroid infusion at the L4-L5 level. Therefore, the request for L4-S1 lumbar epidural steroid injection under fluoroscopic guidance times 1 is medically necessary.