

<b>Case Number:</b>	CM15-0001047		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 injured worker is a 43-year-old male who sustained an industrial injury on 05/21/13. He reports low back pain. Diagnoses include lumbosacral strain, lower back contusion, and radiculopathy lower limbs. Treatments to date include medications. In a progress report dated 11/06/14 the treating provider recommends an exercise program and ibuprofen. He has had MRI of the lumbar spine on 07/29/2013 that revealed lumbar spine disc protrusion and foraminal narrowing and degenerative disc disease. Per the doctor's note dated 11/24/14 patient had complaints of low back pain with radiculopathy. Physical examination revealed limited range of motion. The patient had received lumbar ESI on 6/24/14. The patient has had lumbar ESI on 10/14/13 without significant improvement. The medication list include Ibuprofen, Tramadol and Flexeril. Per the doctor's note dated 11/6/14 patient had complaints of low back pain with radiation in left leg at 7-8/10. Physical examination revealed normal gait, limited range of motion, tenderness on palpation and positive SLR. Patient sustained the injury due to slip and fall incident. Patient has received an unspecified number of PT visits for this injury with improvement. It is noted in the records that the patient took NSAID and PT visits and got better.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat ESI lumbar spine left L4-L5:** Upheld

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

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

**Decision rationale:** Request: Repeat ESI lumbar spine left L4-L5. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." Consistent objective evidence of lower extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. The patient had received lumbar ESI on 6/24/14. Per the cited guidelines, "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." There was no evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous cervical ESIs. Any evidence of associated reduction of medication use, was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. It is noted in the records that the patient took NSAID and PT visits and got better. With this, it is deemed that the medical necessity of request for Repeat ESI lumbar spine left L4-L5 is not fully established for this patient. The request is not medically necessary.