

<b>Case Number:</b>	CM15-0008262		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	05/24/2012
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53-year-old male who reported an injury on 05/24/2012. The injury reportedly occurred when he was lowering landing gear and strained his lower back. His diagnoses include opioid dependence, lumbar disc displacement, chronic pain syndrome, and depression. An MRI of the lumbar spine performed on 08/26/2013 revealed a disc bulge at L5-S1 with a small central disc protrusion and facet arthrosis greater on the left with mild encroachment at the left lateral recess and minimal bilateral neural foraminal narrowing. Electrodiagnostic studies on 12/02/2014 of the bilateral lower extremities revealed no electrophysiologic evidence of lumbosacral radiculopathy. The injured worker's past treatments included physical therapy, medications, work restrictions, epidural steroid injections, and participation in a functional restoration program. His most recent epidural steroid injection was performed at the bilateral L5-S1 on 03/13/2013. At his followup visit on 03/27/2013, the injured worker reported persistent pain with little relief following the epidural injection. On 11/05/2014, the injured worker was seen for followup with therapies of low back pain and paresthesias in both legs. His medications were noted to include Celebrex, ibuprofen, Norco, tizanidine, tramadol, and Voltaren gel. His physical examination revealed residual numbness in a bilateral L4 distribution. The treatment plan included epidural steroid injection based on the recommendation of the qualified medical examination and to provide intermediate temporary relief of his leg symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 epidural steroid injection:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines, repeat epidural steroid injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use, for 6 to 8 weeks after a previous injection. The clinical information submitted for review indicated that the injured worker had significant pathology on MRI at the L5-S1 level to include bilateral neural foraminal narrowing. However, while the injured worker was noted to have decreased sensation bilateral in the L4 distribution, there was no documentation of neurological deficits in an L5 or S1 distribution. Furthermore, a previous epidural steroid injection at the bilateral L5-S1 was noted to result in minimal pain relief for only a few weeks. There was no documentation of objective pain relief, functional improvement, or decreased medication use from his previous injection. Moreover, the request as submitted failed to indicate that fluoroscopy would be used for guidance of the requested injection, which is a recommended by the California MTUS Guidelines. For these reasons, the request is not medically necessary.