

<b>Case Number:</b>	CM15-0195000		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	06/01/2009
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: California, Hawaii  
 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 44-year-old male, who sustained an industrial injury on 6-1-09. The injured worker was diagnosed as having chronic low back pain; lumbar degenerative disc disease; neuroforaminal stenosis; lumbar discogenic disease; recurrent lumbosacral radiculopathy; anxiety; depression. Treatment to date has included status post left L5-S1 transforaminal selective epidural steroid injection (7-5-13); status post lumbar laminectomy (10-2014); physical therapy; TENS unit; medications. Diagnostics studies included MRI lumbar spine (3-13-13). Currently, the PR-2 notes dated 6-1-15 indicated the injured worker was in the office last on 5-4-15. He was initially seen in this office on 6-25-13 for pain management. He complained of severe low back pain radiating to the left buttock, left lateral posterior thigh and calf. He states his symptoms are 5-% axial, 50% in the extremities, and 100% on the left. The provider notes a MRI of the lumbar spine was done on 3-13-13 that demonstrates "L4-5 mild facet arthropathy, L5-S1 disc degeneration and diffuse bulge, a small left lateral disc protrusion causing left lateral recess narrowing." He states he is on Norco 10-325mg tid and qid, Flexeril 10mg qhs, Ibuprofen 800mg bid for pain. He also is on Aspirin 325mg qd. He reports he has done physical therapy, which made no difference in his pain. he has undergone a left L5-S1 transforaminal selective epidural steroid injection on 7-5-13 which he is left low back pain down to left buttocks and left leg feel better for a few days after the injection, then he feels the pain came back as the same as before the procedure. He then had a surgical evaluation and because his pain persisted, and had multiple prescribed drug issues. On 3-9-15, he has a lumbar laminectomy. He reports his left leg radicular pain resolved after that surgery, but he still has

numbness in his left leg and low back pain. On this visit, he reports his low back pain persists. The provider documents his pain level is "5 out of 10" his mood is depressed. He is doing daily activities and his activity level is 1 out of 5. He is not working but moving to another state and needs medications refills. On physical examination, the provider documents there is a surgical scar over the left low back area. Palpation of the lumbar paraspinal muscle elicits moderate tenderness in the lower lumbar area bilaterally. Palpation of the buttock elicits mild tenderness bilaterally. Muscle strength is 5 out of 5 strength in the lower extremities bilaterally except mild weakness in the left EHL. Sensation was decreased to pinprick in the left lateral posterior thigh, calf and left 1st web space and left lateral top of foot. Discogenic stress maneuvers were pain provoking. Patrick's maneuver was negative bilaterally. Straight leg raise was negative in the lower extremity bilaterally. The provider's treatment plan on this date requested refills of medication. We do not have the PR-2 dated 6-30-15 reviewed by Utilization Review for the lumbar epidural steroid injection request. A Request for Authorization is dated 10-1-15. A Utilization Review letter is dated 9-2-15 and non-certification for a Lumbar epidural steroid injection (unspecified level and laterality). A request for authorization has been received for a Lumbar epidural steroid injection (unspecified level and laterality).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lumbar epidural steroid injection (unspecified level and laterality): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The patient presents with diagnoses that include chronic low back pain, lumbar degenerative disc disease, neuroforaminal stenosis, lumbar discogenic disease, recurrent lumbosacral radiculopathy, leg pain, anxiety and depression. The patient is status post lumbar laminectomy. The patient recently complained of severe low back pain radiating to the left buttock, left lateral posterior thigh and calf. The current request is for lumbar epidural steroid injection at an unspecified level and laterality. The treating physician states in the treating report dated 7/30/15 (11C), "Request consideration for a LESI for new and increased pain." MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case, the clinical history notes that the patient underwent left L5-S1 transforaminal selective epidural injection on 7/5/13 from which the patient felt better for a few days than the pain came back (4A). The patient also underwent a lumbar laminectomy dated 10/2014. However, with the current request there is no indication of which level the LESI is proposed for nor is any specification offered regarding the laterality requested. Without this basic level of detail, the medical necessity of the requested treatment cannot be found. Thus, the current request is not medically necessary.