

<b>Case Number:</b>	CM15-0223964		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	01/03/2003
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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:

This is a 63 year old male patient, who sustained an industrial injury on 1-3-2003. Diagnoses include chronic low back pain, lumbar facet arthropathy, lumbar facet syndrome, and status post lumbar fusion. Per the doctor's note dated 4-1-15, he complained of ongoing pain in the low back with radiation to left lower extremity. Pain was rated 8 out of 10 VAS with 50% decrease with medication use. The physical examination revealed lumbar tenderness, pain across S1, with lumbar spasm, decreased range of motion, and a positive straight leg raise on the right side. The plan of care included an appeal of a denied L4-S1 lumbar epidural steroid injection and ongoing use of Ultram. Trigger point injections were provided on that date. Per the doctor's note dated 8-26-15, he had complaints of increased low back pain and pain radiating to left lower extremity. The physical examination documented lumbar tenderness across the S1 distribution, positive lumbar muscle spasm, and a positive straight leg raise on the right side. The medications list includes clopidogrel, baclofen, cyclobenzaprine, gabapentin, ibuprofen, lisinopril, tramadol, metformin, metoprolol, simvastatin and tamsulosin. A lumbar spine MRI dated 10-9-15, revealed multilevel disc foraminal stenosis, disc protrusion, annular tear, and facet joint arthritis. He has undergone lumbar fusion L5-S1 in 2003 and removal of hardware in 2004. Treatments to date include activity modification, medications and trigger point injections. The plan of care included ongoing appeal for lumbar epidural steroid injection to left L4-S1. The appeal requested authorization for left lumbar L4-5 and L5-S1 epidural steroid injection. The Utilization Review dated 10-15-15, denied the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left lumbar, L4-L5 and L5-S1 (sacroiliac), epidural steroid injection:** 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:** Left lumbar, L4-L5 and L5-S1 (sacroiliac), epidural steroid injection. 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...." Unequivocal evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing is 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. Failure to recent conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The Left lumbar, L4-L5 and L5-S1 (sacroiliac), epidural steroid injection is not medically necessary for this patient.