

<b>Case Number:</b>	CM14-0160840		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	02/28/2011
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 a 59 year old male with date of injury 2/28/11. The treating physician report dated 8/27/14 indicates that the patient presents with dysphagia, shoulder pain and increasing lower back pain with bilateral lower extremity paresthesias. MRI of the lumbar spine shows foraminal stenosis at L5/S1 and very slight anterolisthesis of L5 on S1 without evidence of fracture, dislocation, osteomyelitis or diskitis. The physical examination findings reveal Babinski's are downgoing, intact to light touch along all dermatomes, reflexes 1+ throughout and pulses are symmetric. The current diagnoses are: 1. Lower back pain with stenosis 2. Cervical fusion of all levels operated 3. Bilateral lower extremity paresthesia. The utilization review report dated 9/8/14 denied the request for L5/S1 bilateral epidural steroid injection based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5 -S1 bilateral epidural injections x 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

**Decision rationale:** The patient presents with increasing lower back pain with bilateral lower extremity paresthesias. The current request is for L5 -S1 bilateral epidural injections x 1. The treating physician report dated 8/27/14 states, "I would like him to undergo an L5/S1 bilateral epidural steroid injection in light of the findings on the MRI." MRI report dated 7/4/13 post op evaluation states, "Paraspinal soft tissues demonstrate bilateral laminectomy at L5/S1 and presumed left sided laminotomy at L4/5. At L5/S1 there is grade 1 anterolisthesis and bilateral facet arthropathy, laminectomies are identified and moderate right and minimal left foraminal narrowing is noted." The neurological examination is normal and there are no objective tests to indicate that radiculopathy is present. The 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 treating physician has not documented that lumbar radiculopathy is present in this patient. Additionally the MRI findings and diagnosis from the treating physician document spinal stenosis and facet arthropathy is present. There is no documentation of lumbar disc herniation or nerve root impingement shown on the MRI scan to corroborate findings of radiculopathy. Therefore, the request for lumbar ESI is not considered medically necessary.