

<b>Case Number:</b>	CM14-0217724		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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

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 patient is a 48-year-old male with an injury date of 10/04/12. Based on the 09/06/13 progress report provided by treating physician, the patient complains of lower back and lower extremity pain rated 09/10. Physical examination to the upper, mid, and lower paravertebral muscles on 08/25/14 revealed tenderness to palpation. Lumbar range of motion in flexion was 20 degrees and in extension at 15 degrees. Straight leg raising and rectus femoris stretch sign did not demonstrate any nerve irritability. There was patchy and decreased sensation in the bilateral lower extremities, most notably in the L5 distribution. Per progress report dated 09/16/13, the patient received lumbar ESI on 09/04/13, with no efficacy. The patient is to return to modified duty. Diagnosis 11/04/14-Cervical strain/sprain-Cervical radiculopathy-Lumbar sprain-Shoulder tendinitis/rotator cuff. The utilization review determination being challenged is dated 12/02/14. The rationale is in the absence of clinical efficacy following the initial ESI, a repeat block is not indicated. Treatment reports were provided from 09/16/13 - 11/04/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI  
Page(s): 46-47.

**Decision rationale:** The patient presents with lower back and lower extremity pain rated 09/10. The request is for INJECT SPINE LUMBAR / SACRAL. Patient's diagnosis on 11/04/14 included cervical strain/sprain, cervical radiculopathy, lumbar sprain, and shoulder tendinitis/rotator cuff. The patient is to return to modified duty. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.- In the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year." On 09/04/13, the patient received lumbar ESI with no efficacy. Treater does not state the reason for the repeat lumbar ESI. There are no other documentations of continued pain and functional improvement as a result of the initial injection. Therefore, the request IS NOT medically necessary.