

<b>Case Number:</b>	CM15-0176986		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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

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 39 year old male, who sustained an industrial injury on March 8, 2012. The injured worker was being treated for failed back surgery syndrome, lumbar radiculopathy, lumbar facet joint pain, and sacroiliac joint pain. Medical records (April 28, 2015 to July 28, 2015) indicate ongoing low back pain that radiates to the left lower extremity. The medical records (April 28, 2015 to June 30, 2015) did not include documentation of subjective pain rating. The physical exam (April 28, 2015 to July 28, 2015) reveals an antalgic gait with use of a cane, lumbar tenderness, decreased lumbar range of motion, positive straight leg raise bilaterally, pain and numbness in the L5 (lumbar 5) nerve root distribution. On April 9, 2015, a CT scan post myelogram revealed a posterior fusion at L4-5 (lumbar 4-5) with prosthetic disc without subluxation or hardware failure. There was mild central canal narrowing at L3-4 (lumbar 3-4) to 7 millimeter. Surgeries to date include a lumbar lateral interbody fusion with posterior instrumentation at L4-5 and laminotomy and facetectomy at left L4-5. Treatment has included physical therapy, a home exercise program, epidural steroid injections prior to his surgery, a cane, a walker, off work, and medications including pain, anti-epilepsy, antidepressant, and non-steroidal anti-inflammatory. Per the treating physician (June 30, 2015 report), the injured worker has not returned to work. On (Date of RFA), the requested treatments included an epidural steroid injection at L5-S1. On August 13, 2015, the original utilization review non-certified a request for an epidural steroid injection at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The patient was injured on 03/08/12 and presents with low back pain radiating down the left lower extremity with numbness. The request is for an EPIDURAL STEROID INJECTION AT L5-S1. The RFA is dated 07/28/15 and the patient's current work status is not provided. The 07/02/14 MRI of the lumbar spine revealed degenerative disc disease at L5-S1. MTUS Guidelines, Epidural Steroid Injections Section, pages 46-47 has the following criteria under its chronic pain section: "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." The patient has tenderness along his lumbar spine, tenderness along his sacroiliac joint, an antalgic gait, uses a cane, and has pain corresponding to the L5 dermatome. He is diagnosed with failed back surgery syndrome, lumbar radiculopathy, lumbar facet joint pain, and sacroiliac joint pain. Treatment has included physical therapy, a home exercise program, epidural steroid injections prior to his surgery, a cane, a walker, off work, and medications including pain, anti-epilepsy, antidepressant, and non-steroidal anti-inflammatory. Although the patient presents with radiculopathy, the provided MRI does not show any pathologies consistent with potential nerve root lesion. In the absence of a clear dermatomal distribution of pain corroborated by imaging, ESI is not indicated. The requested lumbar spine epidural steroid injection is not medically necessary.