

<b>Case Number:</b>	CM14-0140793		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/20/2012
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2014

### 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 Internal Medicine 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 injured worker is a 51 year old male who reported an injury on 02/20/2012. He was seen by the primary treating provider in April, May and June 2014 wherein the provider noted ongoing low back pain and radiation into the left lower extremity. There was clear sensory loss at the level of the L5 and S1 dermatomes on the left. An antalgic gait with stooping, slow movements and stiffness of the back were noted. There was giving way of the left lower extremities with inability to perform toe walking and walking on heels. The patient had an MRI of the lumbar spine on 2/15/2014, which was read by a radiologist and revealed anterolisthesis of L4 by 1 mm. It wasn't possible to evaluate the L5-S1 disks and neural foramens due to artifact. The central foramen appeared to be wide open on the imaging and no defects were noted in the superior vertebrae. An EMG study had been done showing chronic L4, L5 and S1 radiculopathy, particularly chronic in the latter two, with the former being of relatively recent onset. Although the EMG study reported bilateral radiculopathies, with some evidence of reinnervation, there were symptoms and signs of radiculopathy only on the left. The patient was on Gabapentin therapy, which according to one primary physician note had produced considerable improvement. Although overall, the patient's pain and deficits were substantial on the most recent clinic note. Additional treatment has included physical therapy, chiropractic treatment and activity modification along with work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection Bilateral L4-L5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 300.

**Decision rationale:** Although epidural steroid injections are used and advocated by many practitioners, this modality of treatment provides short term benefit if at all. It works only in some patients and does not reduce need for surgery or other interventions. Epidural steroid injections work best when given early in the course of transition from acute to chronic pain and patient's symptoms as well as EMG records, indicate the chronicity of the complaints. The patient has already undergone epidural steroid injections and his responded to those will determine his individual responsiveness. However, this information has not been provided or considered in requesting epidural steroid injections. The patient has EMG evidence of right sided involvement but no symptoms of pain on that side. Therefore, this request is not medically necessary.