

<b>Case Number:</b>	CM13-0015012		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	06/20/2007
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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 & Rehabilitation and is licensed to practice in Texas. 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 58 year old female who was injured on 06/20/2007. The patient dragged a chair with her and fell with her waist hitting against the desk. After striking the desk, she ricocheted backward and twisted and fell onto the ground. Prior treatment history has included epidural steroid injection L4 and L5 dated 03/04/2013. PR note to this procedure (01/30/2013) documented persistent pain radiating bilaterally (worse on left). VAS (Visual Analog Scale) was 6-9/10. Physical exam only documented tenderness of the muscles. PR (progress report) note subsequent to this (03/21/2013) VAS essentially unchanged at 5-8/10. Again, there is no documented lumbar examination to determine functional improvement. Diagnostic studies reviewed include MRI of the lumbar spine revealing at L4-5 minimal annular disc bulge/endplate spurring that is most prominent along the lateral disc margins. There is evidence of a broad-based central annular tear that has partially involuted since the prior study. There is no longer any significant encroachment upon the lateral recesses and no significant central stenosis. Marked left sided and moderate right sided hypertrophic facet arthropathy is again seen to contribute to mild to moderate left sided and mild right sided foraminal narrowing along the inner neural foramina. A progress note dated 08/02/2013 documented the patient to have complaints of persistent pain in the neck and lower back. The level of pain is 6-9/10. Objective findings on exam revealed moderate tenderness to palpation of the lumbar spine. Decreased active range of motion secondary to pain. Positive straight leg raising in the bilateral lower extremities.

### 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 L4 AND L5 WITH IV SEDATION:**  
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 INJECTION Page(s): 46.

**Decision rationale:** According to the CA MTUS, Epidural steroid injections can be considered when there is documented radiculopathy that is corroborated by imaging studies. The patients physical examinations do not document clinical radiculopathy, there was no indication of muscle atrophy or decreased reflexes. Further, the guidelines state that a second block should not be recommended if there is an inadequate response to the first block. The patient is documented as having a prior ESI with essentially unchanged pain levels and functioning prior to and following the injection. Based on the MTUS guidelines and medical documentation, the request is not medically necessary.