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| <b>Case Number:</b>   | CM13-0042720 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 01/27/2011 |
| <b>Decision Date:</b> | 05/27/2014   | <b>UR Denial Date:</b>       | 09/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/30/2013 |

### 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 injured worker is a 40 year-old female who reported an injury on 01/27/2011 and the mechanism of injury was not provided in the medical records. The diagnosis provided is lumbosacral neuritis or radiculitis. The injured worker complained of chronic low back pain. The clinical note from 08/15/2013 indicated that the injured worker's chief complaint was bilateral buttock and leg pain. The physician reported that the injured worker had a bulging disc L4-5 and L5-S1 with foraminal stenosis but the report and date were not provided. On physical exam, the injured worker had a positive straight leg raise test bilaterally and the Faber test was negative. The ankle dorsiflexors, plantar flexors, quadriceps and iliopsoas strength were noted at 5/5. The injured worker's treatment plan indicated to continue Ultram, to stop taking the Rybix, lumbar epidural injections and Ketoprofen cream as well as gabapentin cream. The physician did not provide the rationale for the request. The request is for lumbar epidural injection L4-5 & L5-S1 bilateral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL INJECTION L4-5 & L5-S1 BILATERAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For The Use Of Epidural Steroid Injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Epidural Steroid Injections Page(s): 78.

**Decision rationale:** The California MTUS guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines also indicate patient's need to be initially unresponsive to conservative treatment. The medical records provided failed to indicate radiculopathy was present by physical examination and corroborated by imaging studies and/or electrodiagnostic and if the injured worker had failed conservative treatment. Therefore, the request for lumbar epidural injection L4-5 & L-S1 bilateral is not medically necessary.