

<b>Case Number:</b>	CM13-0042862		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Illinois. 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 35-year-old female who reported an injury on 03/08/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 09/25/2013 indicated a diagnosis of recheck of discogenic low back pain with radiculopathy, epidural steroid injection requested. The injured worker reported back pain and right leg pain. She continued on modified duty at work. The injured worker had 12 physical therapy visits and reported she did not want any more physical therapy. On physical examination, the injured worker had a positive straight leg raise on the right, bilateral paraspinous muscle tenderness, and mild decreased extension. The injured worker had discogenic back pain with L5-S1 disc herniation. The injured worker's prior treatments included physical therapy and medication management. The injured worker's medication regimen included Norco and naproxen. The provider submitted a request for an epidural steroid injection and consult. A Request for Authorization dated 09/30/2013 was submitted for an epidural steroid injection and consultation with MD prior to procedure. However, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT EPIDURAL STEROID INJECTION AT L5-S1 AD OUTPATIENT CONSULT WITH [REDACTED] PRIOR TO PROCEDURE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, (ESIs) Page(s): 46.

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs and muscle relaxants. The guidelines recommend if epidural steroid injections are used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks. The current research does not support a series of 3 injections in either the diagnostic or the therapeutic phase. The guidelines recommend no more than 2 (diagnostic) epidural steroid injections. There is a lack of imaging studies to corroborate the diagnosis of radiculopathy. In addition, there is a lack of neurological deficits. Therefore, the request for outpatient epidural steroid injection at L5-S1 and outpatient consult with [REDACTED] is not medically necessary.