

<b>Case Number:</b>	CM13-0049748		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/13/2012
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Orthopedic Surgery, has a subspecialty in Sports Medicine and is licensed to practice in Maryland. 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 53 year-old female who sustained an injury to her low back on 07/13/12 after tripping backwards over a table, falling onto the left side of her body. It was reported that the patient began a regimen of acupuncture therapy in February of 2012 and has also been treated with medications and physical therapy. An MRI of the lumbar spine without contrast dated An Electromyography (EMG)/Nerve Conduction Velocity (NCV) dated 09/17/13 revealed chronic left L5 radiculopathy; no evidence of generalized peripheral neuropathy, in the bilateral lower extremities. An MRI of the lumbar spine without contrast dated 09/16/13 revealed grade 1 spondylolisthesis at L4-5 apparently due to a combination of facet arthropathy and disc disease; spinal stenosis at L2-3 and L3-4 due to a combination of congenitally short pedicles, disc bulges, epidural lipomatosis and facet arthropathy; multi-level degenerative disc disease involving primarily L2-3, L3-4 and L4-5; multi-level degenerative arthritis in the facets most-pronounced at L4-5 where there is also grade 1 spondylolisthesis. An EMG/NCV dated 09/17/13 revealed chronic left L5 radiculopathy; no evidence of generalized peripheral neuropathy, 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:** 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 INJECTIONS Page(s): 46.

**Decision rationale:** The request for lumbar epidural steroid injection is not medically necessary. The level/laterality was not specified in the request. The CA MTUS states that the patient must be initially unresponsive to conservative treatment (exercises, physical methods, Non-Steroidal Anti-Inflammatory Drugs (NSAID) and muscle relaxants). It was reported that the injured worker has been treated with medications and physical therapy; however, there were no physical therapy notes provided that would indicate the amount of physical therapy visits the patient has completed to date and/or the patient's response to previous conservative treatment. There was no indication that the patient is compliant in a home exercise program. Given the clinical documentation submitted for review, medical necessity of the request for lumbar epidural steroid injection has not been established. The request is not medically necessary and appropriate.