

<b>Case Number:</b>	CM13-0059799		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/24/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	11/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Occupational 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 patient is a 64-year-old female who has submitted a claim for lumbar sprain associated with an industrial injury date of 10/24/2012. Medical records from 2012-2014 were reviewed. Patient complained of chronic back pain with intermittent leg pain. Physical examination revealed tenderness to palpation over the lumbar spine, specifically L5-S1. There is noted decreased range of motion. Straight leg raise test is positive. Hypesthesia is noted at the right calf. Reflexes are intact. MRI of the lumbar spine dated 12/06/2012 showed L3-L4, L4-L5 and L5-S1 disc desiccation. MRI of the lumbar spine dated 08/13/2013 showed 1-2mm disc bulge at L2-L3 as well as mild disc desiccation. There was no neural foraminal narrowing or central spinal canal stenosis. EMG/NCV dated 08/07/2013 showed possible mild sensory peripheral neuropathy and evidence of chronic right L4 radiculopathy. Treatment to date has included oral medications. Utilization review, dated 11/09/2013, denied the request for epidural steroid injection because according to the reviewer, it is not indicated for non-acute injuries.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EPIDURAL STEROID INJECTION TO THE LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, the patient complains of chronic back pain with intermittent leg pain. Physical examination revealed tenderness to palpation over the lumbar spine, specifically L5-S1. There is noted decreased range of motion. Straight leg raise test is positive. Hypesthesia is noted at the right calf. Reflexes are intact. MRI of the lumbar spine dated 12/06/2012 and 08/13/2013 showed L3-L4, L4-L5 and L5-S1 disc desiccation as well as a 1-2mm disc bulge at L2-L3 with mild disc desiccation. There was no neural foraminal narrowing or central spinal canal stenosis. EMG/NCV dated 08/07/2013 showed possible mild sensory peripheral neuropathy and evidence of chronic right L4 radiculopathy. However, clinical manifestations are not consistent with radiculopathy to warrant ESI. There is likewise no evidence of failure of conservative measures. Criteria for ESI have not been met. Moreover, intended level for injection is not specified. Therefore, the request for Epidural Steroid Injection to the lumbar spine is not medically necessary.