

<b>Case Number:</b>	CM13-0065606		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/31/2010
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 50-year-old female who reported an injury on 05/31/2010, after assisting a transfer with a heavy patient that caused her to injure her right back muscles. The injured worker underwent an electrodiagnostic study in 09/2012 that documented the injured worker had Final Determination Letter for IMR Case Number CM13-0065606 3 evidence of L2 and L3 radiculopathy. The injured worker was evaluated on 07/10/2013. It was documented that the injured worker had undergone an epidural steroid injection at the L2-3 without relief and an epidural steroid injection at the L5 with relief. It was indicated that the last epidural steroid injection was in 11/2011 and the injured worker had begun to complain of weakness in the bilateral lower extremities. A request was made for an L2-3 epidural steroid injection. The injured worker was again evaluated on 08/28/2013. The injured worker was again evaluated on 12/18/2013. Physical findings included decreased sensation in the right posterior thigh consistent with the L5 dermatomal distribution, positive myofascial triggers at the L5 bilaterally. It was documented that the injured worker underwent an MRI in 08/2012 that provided evidence of a 3 mm disc bulge at the L1-2. A appeal request was made for an epidural steroid injection at the L1-2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L1-2 EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (Esis).

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

**Decision rationale:** The requested L1-2 epidural steroid injection under fluoroscopy is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends epidural steroid injections be supported by documentation of physical findings of radiculopathy corroborated by an imaging study and/or electrodiagnostic study. The clinical documentation submitted for review does indicate that the injured worker underwent an electrodiagnostic study that indicated there was chronic L2-3 radiculopathy. There was documentation that the injured worker had previously undergone an MRI that supported the injured worker had a disc bulge at the L1-2. However, that was not provided for review. This would not be considered a repeat injection, as there is no clinical evidence that the injured worker has received an epidural steroid injection at the L1-2, and imaging study or electrodiagnostic study would be necessary to support this treatment. Additionally, the injured worker's physical findings do not provide any evidence of radiculopathy in the L1-2 dermatomal or myotomal distributions. As such, the requested L1-2 epidural steroid injection under fluoroscopy is not medically necessary or appropriate.