

<b>Case Number:</b>	CM13-0066273		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	07/10/1990
<b>Decision Date:</b>	05/27/2014	<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 and 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 80-year-old female who reported an injury on 07/10/1990. The mechanism of injury was lifting. She is diagnosed with lumbago with sciatica, and lumbar spondylolisthesis. A request was made on 11/15/2013 for a consultation for a possible lumbar epidural steroid injection. A 11/12/2013 progress report indicates that the patient's symptoms included right-sided lower back pain and she has stated that her right leg "gives out." Her physical examination findings were noted to include a positive straight leg raise at 60 degrees bilaterally, no atrophy or weakness, and restricted range of motion of the lumbar spine. An MRI reportedly performed on 11/22/1991 was noted to reveal degenerative disc disease and spondylolisthesis at L5-S1 with spinal stenosis. It was also noted that a 10/15/2013 note indicated that the patient had an epidural steroid injection in 05/2013 which had not provided any relief. A recommendation was made for a consultation with [REDACTED] to consider a lumbar epidural steroid injection. However, the rationale for this request was not provided within the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE CONSULT FOR POSSIBLE LUMBAR EPIDURAL STEROID INJECTION (LESI) WITH [REDACTED], PHYSIATRIST, AS AN OUTPATIENT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-2.

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

**Decision rationale:** According to the California MTUS Guidelines recommend, epidural steroid injections may be recommended for patients who have evidence of radiculopathy on physical examination and corroboration by imaging studies and/or electrodiagnostic testing when conservative treatment has failed to improve symptoms. Further, repeat epidural steroid injections are only recommended when previous injections have provided 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The injured worker was noted to have failed conservative treatment with therapy, medications and home exercises. However, she was noted to have right-sided low back pain without documentation of radicular pain into her lower extremities in her most recent clinical notes. Further, her physical examination findings failed to provide any significant evidence of radiculopathy in the form of decreased sensation or motor strength in a specific dermatomal or myotomal distribution and an MRI report or electrodiagnostic study report was not provided with confirmation of radiculopathy. In addition, it was noted that she had previously received an epidural steroid injection in 05/2013 with no relief. As a repeat epidural steroid injection is not supported based on the noted evidence-based guidelines, the request for a consult for consideration of a lumbar epidural steroid injection is also not supported. As such, the request is not medically necessary.