

<b>Case Number:</b>	CM13-0067803		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/22/2010
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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:

This is a 43 year old female who has reported low back and leg pain after an injury on 12/10/10. She has been diagnosed with lumbar disc disease and radiculopathy. An MRI on 3/11/11 showed degenerative discs and possible contact of the exiting L5-S1 nerve roots. Treatment has included medications, physical therapy, and lumbar epidural steroid injection on 4/29/11. The AME on 10/23/12 did not find any radicular signs. He included epidural steroid injections as possible future care but did not refer to the MTUS or other guidelines to support this recommendation. Per the treating physician report of 11/11/13, there was ongoing back pain, radiating pain to both legs, limited range of motion, and no neurological changes. Straight leg raising was reportedly "positive" with no details given. Bilateral L5 epidural steroid injections were recommended. A prior epidural steroid injection in April 2011 was stated to be not helpful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **INJECTION FORAMEN EPIDURAL L/S: Upheld**

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

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

**Decision rationale:** The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This injured worker does not meet the MTUS criteria for an epidural steroid injection. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. Although the MRI shows possible nerve root compression, there are no clinical findings which correlate with the MRI. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. Sufficient functional improvement did not occur after the last epidural steroid injection. An epidural injection is not medically necessary based on the MTUS indications which are not met in this case. The request is not medically necessary or appropriate.