MAXIMUS Federal Services

| Case Number: | CM13-0069991 | | |
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| Date Assigned: | 01/17/2014 | Date of Injury: | 12/04/2009 |
| Decision Date: | 06/06/2014 | UR Denial Date: | 12/05/2013 |
| Priority: | Standard | Application Received: | 12/23/2013 |

## 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 31-year-old female who reported an injury on 12/04/2009. The mechanism of injury involved heavy lifting. Current diagnoses include status post lumbar laminectomy/fusion, displacement of lumbar intervertebral disc without myelopathy, lower back pain with bilateral lower extremity radiculopathy, myalgia, insomnia, lumbar spondylosis, and bilateral neural foraminal stenosis at L5-S1. The injured worker was evaluated on 07/22/2013. The injured worker reported persistent pain with activity limitation. The injured worker underwent lumbar laminectomy and fusion at L4-5 and L5-S1 on 04/05/2011. Previous conservative treatment was not mentioned. Physical examination revealed absent knee reflexes, diminished ankle reflexes, sensory deficit at the anterior lateral thigh corresponding to the L4 dermatome, tenderness to palpation at L4-S1, positive straight leg raise, and limited lumbar range of motion. Treatment recommendations at that time included a diagnostic lumbar caudal epidural steroid injection at L4-5 and L5-S1.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE OUTPATIENT LUMBAR EPIDURAL STEROID INJECTION (ESI) AT L4-5 AND L5-S1:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state epidural steroid injections are recommended for treatment of radicular pain, with use in conjunction with other rehab efforts. As per the documentation submitted, there was no evidence of radiculopathy upon physical examination. There were also no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. Therefore, the injured worker does not currently meet criteria for the requested service. As such, the request is not medically necessary or appropriate.