MAXIMUS Federal Services

| Case Number: | CM14-0001808 | | |
|---|---|---|---|
| Date Assigned: | 01/22/2014 | Date of Injury: | 01/30/2010 |
| Decision Date: | 06/02/2014 | UR Denial Date: | 12/10/2013 |
| Priority: | Standard | Application Received: | 01/06/2014 |

## 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:

Injured worker is a female with date of injury 1/30/2010. Per primary treating physician pain management follow-up report, the injured worker complains of pain over the low back area which has not responded to multiple interventions. It increases by prolonged standing, walking, bending and twisting and some of her daily routine, and she continues to use a cane for ambulation for the combination of low back pain and left knee pain. In addition, her neck and left shoulder complaints also remain whch have not responded to multiple interventions. She is not undergoing any type of physical therapy or other modes of treatment currently. She is taking Flexeril, Xanax and Norco for these complaints with no side effects such as nausea, vomiing, constipation, over-sedation or epigastric pain. On exam there is no sign of sedation. Gait is antalgic. She is using a cane for ambulation. Spasm and tenderness of the lumbar spine and paraspinous/parevertebral area is noted. Diagnoses include 1) intractable lumbar pain with radiculopathy 2) chronic cervical pain 3) left shoulder tendinosis 4) left knee tendinosis 5) depression/anxiety.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 EPIDURAL STEROID INJECTION (ESI):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** Epidural steroid injections are recommended by the guidelines when the patient's condition meets certain criteria, including radiculopathy being documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Following review of the medical reports, the injured worker does meet these conditions, and the requesting provider is requesting a single epidural steroid injection which may provide relief. However, it is noted that the injured worker has already had two epidural steroid injections for her low back symptoms, but there is no information provided as to how she responded to these procedures. A third epidural steroid injection may be indicated if the initial two epidural steroid injections provided adequate relief as defined by the guidelines. The request for L4-L5 epidural steroid injection (ESI) is determined to not be medically necessary.