

<b>Case Number:</b>	CM14-0001886		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	02/26/2007
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 56 year old female who reported an injury on 02/26/2007 secondary to unknown mechanism of injury. The diagnoses included lumbago and bilateral sciatica. The injured worker was evaluated on 11/21/2013 for reports of low back pain with sciatica down the right leg more than the left. The exam noted very little tenderness with spasm and guarding to the lumbar muscles, positive straight leg raise and decreased sensation along the L4 distribution of the lower legs. The treatment plan included bilateral L4-5 and L5-S1 epidural. The request for authorization dated 10/25/2013 was in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL L4-5 AND L5-S1 LUMBAR EPIDURAL INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL INJECTIONS Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

**Decision rationale:** The California MTUS Guidelines recommend ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. The guidelines state that radiculopathy must be

documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Injections should be performed using fluoroscopy (live x-ray) for guidance. There is evidence of radiculopathy in the exam notes provided; however, there is a lack of supporting documentation of imaging studies that confirm the diagnosis of radiculopathy. Therefore, based on the documentation provided, the request is not medically necessary.