

<b>Case Number:</b>	CM14-0003519		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 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 60 year old female who reported an injury on 02/16/2012 while bending over. The injured worker was complaining of low back pain with bilateral leg pain. On 02/04/2014 leg pain has decreased, no pain in right leg and decreased pain in low back except after activities such as mopping. Complaining of left arm weakness. The injured worker on examination of the lumbar spine showed no limitation in range of motion, ankle jerk is 4/4 on both sides, patellar jerk is 4/4 on the right side and 5/4 on the left side. Heel and toe were normal. Straight leg raise was positive. Motor examination was normal, with decreased reflexes along L4 and L5 dermatome. Right knee reflex was 4/5, left knee 5/5. The medications noted as being taken were Tramadol 50 mg one twice a day and Norco 10/325 one daily for pain. The diagnoses was lumbago, lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis. The injured worker had an epidural steroid injection on 12/26/2012. She also had a second epidural steroid injection at the L4-L5 which was mentioned on 02/04/2014 progress note but was not submitted for review. The rationale and request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION (QUANTITY #1): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46-47.

**Decision rationale:** The request for epidural steroid injection is non-certified. The injured worker was noted to have had two epidural steroid injections in the document. The only surgical note available for review was dated on 12/26/2012. The injured worker had another epidural steroid injection which was mentioned on a progress note dated 02/04/2014. California Medical Treatment Utilization Schedule states less than two epidural steroid injections are required for a successful outcome, and a third one is rarely recommended. Other recommendations are that radiculopathy must be documented by physical exam, unresponsive to conservative treatment (exercises, physical methods, NSAID's), no more than two nerve root levels should be injected and repeat blocks should be based on continued objective documented pain and functional improvement (at least 50% pain relief with reduction of pain medication for six to eight weeks). The injured worker stated that her leg pain has resolved and she continues to have adequate pain control on 02/04/2014 progress note. The request does not include the level(s) for the ESI. As such, the request is non-certified.