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| <b>Case Number:</b>   | CM14-0014866 |                              |            |
| <b>Date Assigned:</b> | 02/28/2014   | <b>Date of Injury:</b>       | 09/24/2012 |
| <b>Decision Date:</b> | 07/29/2014   | <b>UR Denial Date:</b>       | 01/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/05/2014 |

### 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 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:

The patient is a 21-year-old female who has submitted a claim for lumbar strain and central disc bulge at L2-3 and L4-5 associated with an industrial injury date of September 24, 2012. Medical records from 2013 were reviewed. The patient complained of severe constant lower back pain with radiation to her spine into her neck and between her shoulder blades. Physical examination showed restricted cervical and lumbar ROM; tenderness over the cervical midline and interscapular region; and intact motor and sensory function of all four extremities. An MRI of lumbar spine from November 23, 2013 showed 2mm central protrusion with partial annular tear without nerve root impingement, canal or foraminal stenosis at L4-5. There is minimal central disc bulge without canal or foraminal stenosis at L2-3. Treatment to date has included NSAIDs, opioids, and physical therapy. Utilization review from January 8, 2014 did not grant the request for lumbar epidural steroid injection because there were no complains of radicular pain, there are no clinical findings of radiculopathy, and there is no nerve root compression on MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection:** Upheld

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

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

**Decision rationale:** According to page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants), injections should be performed using fluoroscopy, if used for diagnostic purposes, a maximum of two injections should be performed. In this case, the patient complained of severe constant lower back pain with radiation to her spine into her neck and between her shoulder blades. An MRI of lumbar spine from November 23, 2013 showed 2mm central protrusion with partial annular tear without nerve root impingement, canal or foraminal stenosis at L4-5. There is minimal central disc bulge without canal or foraminal stenosis at L2-3. The patient reported that physical therapy did not work. However, subjective complaints and physical examination findings are not compatible with lumbar radiculopathy. In addition, the MRI does not show evidence of nerve root compression. Lastly, the request did not specify the specific level/s and laterality of the requested epidural steroid injection. The request is incomplete. Therefore, the request for lumbar epidural steroid injection is not medically necessary.