

<b>Case Number:</b>	CM14-0017948		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	11/28/2001
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Texas. 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 62 year old female with a reported injured date of 01/29/2013; the mechanism of injury was not provided in the medical records. The clinical note dated 02/20/2014 noted the injured worker had subjective complaints to include low back pain that radiated in the left lateral and posterior lower extremity rates at 5/10 with medications and 8/10 without. Additional subjective findings included complaints of weakness and numbness to the left lower extremity and an increasing difficulty with completing activities of daily living. Objective findings included positive lumbar facet loading maneuver to the left side, positive straight leg raise on the left, decreased sensation to light touch along the left L4 and L5 dermatomes, equal 2+4 reflexes, and normal strength except for 4+/5 left ankle dorsiflexion. The clinical note also referenced an undocumented epidural injection on 03/26/2013 that resulted in a pain reduction of 50% and a reduction of Norco for unknown duration of time. Diagnoses include lumbar disc displacement without myelopathy, cervical disc displacement, and cervical spondylosis without myelopathy. There was no documentation of imaging studies provided. The request for authorization for "inject spine lumbar/sacral" was submitted on 04/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT LUMBAR L4 AND L5 SELECTIVE EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for left "limber" L4 and L5 selective epidural steroid injection is non-certified. The injured worker had documented low back pain rated at 8/10 without medication and 5/10 with medication along with positive straight leg raise on the left and decreased sensation to light touch along the left L4 and L5 dermatomal pathways. An undocumented epidural steroid injection was referenced on 03/26/2013 that resulted in a pain reduction of 50% and a reduction of Norco that lasted for an unknown duration of time. The California MTUS guidelines recommend the use of epidural steroid injection for the treatment of radicular pain and repeat blocks can be used if there is continued documentation of pain and functional improvement, to include at least 50% pain relief with associated reduction of medication use for six to eight weeks, however there is no evidence of long-term pain relief beyond 3 months. Additionally, the guidelines state that imaging studies must corroborate radicular symptoms found upon examination. The documentation provided lacked evidence that the injured worker received adequate pain reduction and significant functional improvement from the prior injection. Additionally, there were no documented imaging studies provided in the medical records provided. Furthermore, it was unclear if the injured worker has had any recent conservative care as the last injection was performed 14 months prior. Due to the above points the request for a left "limber" L4 and L5 selective epidural steroid injection is not medically necessary.