

<b>Case Number:</b>	CM14-0120107		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/17/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury October 17, 2013. A utilization review determination dated July 29, 2014 recommends modified certification. A lumbar epidural injection was requested at the L4-5 and L5-S1 levels, and was recommended for certification at the L5-S1 level only. The utilization review determination includes a summary of a lumbar spine MRI dated December 27, 2013 identifying a 2 mm disc protrusion at L4-5 and 1.5 mm disc protrusion at L5-S1. It also reviews an EMG/NCV test on December 16, 2013 identifying active left radiculopathy at the L5 distribution. A progress report dated April 25, 2014 identifies subjective complaints of left shoulder pain. Objective findings state "+ EMG/NCV December 18, 2013, active (illegible)-radiculopathy." Diagnoses include acute lumbosacral sprain/strain and rule out radiculitis. The treatment plan recommends continuing physical therapy, pain management for an epidural steroid injection, and "need MRI for our chart." A progress report dated June 6, 2014 recommends pain management for a lumbar epidural steroid injection and continuing physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection at L4-5 x 1 and L5-S1 x 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

**Decision rationale:** Regarding the request for Lumbar epidural steroid injection at L4-5 x 1 and L5-S1 x 1, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. Finally, the current request appears to be for 2 interlaminar levels. The utilization review physician modified the request to one level, in accordance with guidelines. Unfortunately, there is no provision to modify the current request. In the absence of clarity regarding those issues, the currently requested Lumbar epidural steroid injection at L4-5 x 1 and L5-S1 x 1 is not medically necessary.