

<b>Case Number:</b>	CM14-0122657		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/16/2003
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 47-year-old female who has submitted a claim for lumbar radiculopathy associated with an industrial injury date of January 16, 2003. Medical records from 2014 were reviewed, which showed that the patient complained of neck pain and back pain that radiates to bilateral legs. Examination revealed decreased right biceps, right triceps and bilateral ankle reflexes. Lumbar MRI done on 7/7/2014 revealed at L2-L3 a 5 mm broad disc osteophyte with moderate narrowing of the neural foraminal, at L3-L4 as 4 mm posterior disc osteophyte with moderate central canal stenosis, at L4-L5 fusion with screws in posterior laminectomy, and at L5-S1 a wide decompression with evidence of a recurrent left poster lateral disc protrusion and left neural foraminal stenosis. Treatment to date has included surgery, post-operative rehabilitation and therapy and medications. Utilization review from July 23, 2014 denied the request for Lumbar Epidurals. The reason for denial was not included in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidurals:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. In this case, imaging studies support the diagnosis of a radiculopathy. However, the neurologic exam was incomplete to support the diagnosis of a radiculopathy. Moreover, the level at which injections will be done was not identified. Therefore, the request for lumbar epidurals is not medically necessary.