

<b>Case Number:</b>	CM14-0124496		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/21/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Orthopedic Surgery 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 injured worker is a 51-year-old female who reported an injury on 11/21/2013, the mechanism of injury was not provided. On 06/20/2014, the injured worker presented with low back pain radiating to the left leg and decreased range of motion. Upon examination of the lumbar spine there was tenderness in the lumbosacral area and 50% range of motion. There is intact sensation to light touch and pinprick in all dermatomes in the lower extremity and 5/5 strength. Prior treatments included physical therapy and medications. The diagnoses were acute lumbosacral strain with L3 to S1 disc disease, anterolisthesis, foraminal narrowing and left radiculitis. An MRI of the lumbar spine performed on 02/18/2014 noted degenerative disc disease and facet arthropathy with an increased lumbar lordosis and grade 1 anterolisthesis through the L3-4 and retrolisthesis L4-5 and grade 2 anterolisthesis L5 to S1 with bilateral L5 spondylolisthesis. There was also neural foraminal narrowing from the L3-4 mild to moderate bilaterally and L5 to S1 severe bilateral neural foraminal narrowing. The provider recommended an LECI injection, the provider's rationale was not provided. The Request for Authorization form was dated 06/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection (LESI) Injection #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for LECI injection #1 is not medically necessary. According to the California MTUS Guideline an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy, and no more than 2 levels should be injected using transforaminal blocks. The documentation submitted for review stated that the injured worker had tenderness in the lumbosacral region and decreased range of motion. There was 5/5 strength and intact sensation to light touch and pinprick in the lower extremities. There is lack of documentation of radiculopathy in the physical examination and corroborated by imaging studies. Additionally, the request failed to specify the level or levels being requested in the use of fluoroscopy for guidance. As such, the request is not medically necessary.