

<b>Case Number:</b>	CM14-0131361		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	12/11/2010
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 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:

This 50 year-old patient sustained an injury on 12/11/10 while employed by [REDACTED]. Request(s) under consideration include 1 left L4-5 lumbar spine epidural block (LSEB). Report of 7/10/14 from pain management provider noted the patient with stomach problems from Ketoprofen. Brief hand-written exam showed LS spine with normal gait and positive SLR (no degree or position specified); Full range of upper and lower extremities. Diagnoses include lumbar radiculopathy; neck pain; and hand numbness. Treatment included cut Ketoprofen and take Omeprazole; continue acupuncture. The provider noted on 7/14/14 a diagnoses of cervical and thoracic spine strain; lumbar spine disc rupture; left shoulder internal derangement; left cubital tunnel syndrome. The provider noted the patient with ongoing chronic pain in the neck, upper/lower back, left shoulder and left elbow. Exam showed patient presents with low back brace; intact light touch sensation over right anterior thigh and right lateral calf. The request(s) for 1 left L4-5 lumbar spine epidural block (LSEB) was non-certified on 8/12/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 left L4-5 lumbar spine epidural block (LSEB): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** The request(s) for one left L4-5 lumbar spine epidural block (LSEB) was non-certified on 8/12/14. California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend epidural steroid injection (ESI) as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any radicular symptoms, neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. The one left L4-5 lumbar spine epidural block (LSEB) is not medically necessary and appropriate.