

<b>Case Number:</b>	CM14-0136257		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 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 who sustained an injury to her low back on 01/14/11. The mechanism of injury is not documented. MRI of the lumbar spine dated 08/04/12 revealed multilevel degenerative disc disease resulting in mild bilateral neural foraminal narrowing at L3 to L4 and L5 to S1; findings are not significantly changed compared to the 03/28/11 study. The records indicate that the injured worker is status post bilateral L5 to S1 and S1 transforaminal epidural steroid injection dated 03/06/14. There was no information provided that would indicate the injured worker's response to the previous injection. A request for a second lumbar epidural steroid injection was noncertified by peer review on 04/10/14. The clinical note dated 05/01/14 reported that the injured worker noted 80 percent improvement from previous epidural steroid injection for an unspecified duration. The clinical note dated 06/12/14 reported that the injured worker continued to complain of low back pain radiating into the right buttock with associated numbness in the posterior aspect of the right leg. Physical examination noted decreased light touch sensation in the right posterior thigh and restricted range of motion of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar ESI on the Right L5-S1 QTY: 1:** 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 previous request was denied on the basis that in this case, it is noted that there is physical examination evidence of decreased light touch sensation in the right posterior thigh per 06/12/14 report; however, this was not corroborated by imaging or electrodiagnostic studies. Additionally, while it is noted that the injured worker reported eighty percent improvement from a recent epidural steroid injection, the records do not establish continued objective documented functional improvement with associated reduction in medication use for six to eight weeks. The California Medical Treatment Utilization Schedule (MTUS) states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The CA MTUS also states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least fifty percent pain relief with associated reduction of medication use for six to eight weeks. Given this, the request for lumbar epidural steroid injection on the right at L5 to S1 quantity one is not indicated as medically necessary.