

<b>Case Number:</b>	CM14-0138921		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/12/2006
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 40 year old female who sustained an injury to her low back on 09/12/06. The mechanism of injury was not documented. The progress report dated 04/24/14 reported that the injured worker complained of low back pain at 7/10 VAS (Visual Analog Scale). Physical therapy was authorized for the low back and is to be scheduled. The injured worker complained of low back pain that radiated into the right lateral buttock/thigh. The clinical note dated 06/24/14 reported that the injured worker continued to complain of low back pain with radiation into the right lower extremity. She completed physical therapy in May of 2014 which has decreased low back pain significantly. She stated that Norco has been helpful; however, would like to taper off of it. Physical examination noted moderate lumbar pain over the right L4-5 and L5-S1 musculature; range of motion limited due to severe pain; sensation intact; motor strength 5/5 in the bilateral lower extremities; negative patellar compression signs. The injured worker was recommended to continue full duty without restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injections at bilateral L4-L5 #2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back

**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 based on the record provided for review, the injured worker does not have objective neurological findings of right/left L4-5 and L5-S1 radiculopathies noted, nor is there evidence of nerve root impingement based on the April of 2014 lumbar MRI. Based on peer to peer with the treating PA, who evaluated the injured worker the day prior finding no increased pain with findings consistent with a right L3-4 and L4-5 radiculopathy, she stated that she would submit a new request for an epidural steroid injection to address current findings. Given this, the request was not deemed as medically appropriate. The CAMTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The imaging studies provided for review did not correlate with recent physical examination findings of an active radiculopathy at the L4-5 and L5-S1 levels. The CAMTUS also states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks. The request is for 2 injections at each level. Given the excessiveness of the request, the request for epidural steroid injections at bilateral L4-L5 #2 is not medically necessary and appropriate.

**Epidural steroid injections at bilateral L5-S1 #2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back

**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 based on the record provided for review, the injured worker does not have objective neurological findings of right/left L4-5 and L5-S1 radiculopathies noted, nor is there evidence of nerve root impingement based on the April of 2014 lumbar MRI. Based on peer to peer with the treating PA, who evaluated the injured worker the day prior finding no increased pain with findings consistent with a right L3-4 and L4-5 radiculopathy, she stated that she would submit a new request for an epidural steroid injection to address current findings. Given this, the request was not deemed as medically appropriate. The CAMTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The imaging studies provided for review did not correlate with recent physical examination findings of an active radiculopathy at the L4-5 and L5-S1 levels. 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 50% pain relief with associated reduction of medication use for 6-8 weeks. The request is for 2 injections at each level. Given the excessiveness of the request, the request for epidural steroid injections at bilateral L5-S1 #2 is not medically necessary and appropriate.

