

<b>Case Number:</b>	CM14-0168032		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	11/08/2013
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Texas and Florida. 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 51 years old female who was injured on 11/8/2013. The diagnose are neck pain, low back pain and lumbar radiculopathy. The 2013 MRI of the lumbar spine showed L4-L5 disc bulge, central foraminal narrowing and facet arthropathy. The EMG/NCS showed normal upper extremity test and minimal left L5 radiculopathy. There was subjective complaint of low back pain with associated numbness and weakness of the extremities. On 9/4/2014, [REDACTED] and [REDACTED] PA-C noted subjective complaint of pain score of 10/10 on a scale of 0 to 10. There was a positive straight leg raising sign and decreased sensation along the left L5 dermatome. The medications are Vicodin, Motrin, Tramadol and Voltaren gel for pain and Soma for muscle spasm. The UDS was consistent on 5/15/2014. A Utilization Review determination was rendered on 10/1/2014 recommending non certification for L4-L5 epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **L4-5 Epidural steroid injection under fluoroscopy: Overturned**

**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 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back Pain

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that epidural steroid injection can be utilized for the treatment of lumbar radiculopathy when conservative management with medications and PT have failed. The records indicate that the patient have subjective, objective and radiological findings indicative of lumbar radiculopathy. The patient have completed PT and medication management with opioids and co-analgesics. The criterion for L4-L5 lumbar epidural steroid injection under fluoroscopy was met. The request is medically necessary.