

<b>Case Number:</b>	CM14-0170356		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/29/2010
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Pain Management 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 57 year-old female who sustained cumulative trauma from July 29, 2010 to July 29, 2012. She is diagnosed with (a) neck pain, cervical spine disc disease; (b) cervical sprain/strain; (c) thoracic sprain/strain; (d) thoracic pain; (e) low back pain; (f) rupture or herniation of lumbar disc; (g) lumbar sprain/strain; (h) lumbar disc bulge with radiculitis; (i) wrist, hand, fingers sprain/strain; (j) sprain/strain of knee or leg; (k) carpal tunnel syndrome, right worse than left; and (l) bilateral shoulder rotator cuff tears. She was seen on October 14, 2014 for evaluation and treatment of flare up of low back pain with bilateral leg pain and numbness and tingling sensations. She has had lumbar epidural steroid injection on August 27, 2014, which was her third injection. It provided no help. Examination of the lumbar spine revealed limited range of motion. Magnetic resonance imaging scan of the lumbar spine revealed grade 1 retrolisthesis of L5 measuring 4 mm in neutral, flexion, and extension. Combined with a disc protrusion and facet and ligamentum flavum hypertrophy, there is spinal canal narrowing and bilateral neuroforaminal narrowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection at L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

**Decision rationale:** The request for L5-S1 epidural steroid injection is not medically necessary at this time. Review of medical records revealed that previous epidural steroid injection did not help manage her lumbar symptoms. More so, criteria for the use of epidural steroid injection were not adequately met. Radiculopathy must be documented both through physical exam and imaging. There was also no documentation of attempted and failed conservative measure to warrant the necessity of the requested procedure. Therefore, this request is not medically necessary.