

<b>Case Number:</b>	CM14-0170445		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/12/2014
<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 Family 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:

Injured worker was a 43-year old female whom experienced an industrial related injury on 10/16/12 while preventing a patient fall. She was reevaluated 08/20/14 and she reported she had low back pain with mid right thigh pain. Medical treatment included a lumbar spine MRI, physical therapy, and medications consisting of Soma 350 mg, Motrin 600 mg, and Norco 10/325 mg which she reported help decrease her pain while Valium and Flector patches did not help decrease her pain. Lumbar spine MRI performed 10/19/12 showed facet arthrosis throughout the lumbar spine without stenosis and a minimal disc bulge at the L4-L5 level. Treatment recommendations included medication changes and appeared the injured worker had been seen and treated by additional provider(s) whom had provided other prescriptions. Report for this date, 08/20/14, noted medication changes regarding Medrol, Lunesta, Intermezzo, Tizanidine, Soma, and Norco. There were minimal objective findings noted on the report besides the vital signs and review of symptoms which indicated she had back and right leg pain, loss of balance, numbness, tingling, shooting and burning pain, weakness, and buttock numbness. Treatment also recommended a right transforaminal epidural injection with 40 mg Depomedrol and anesthesia. Diagnoses were back pain, limb pain, degeneration of lumbar intervertebral disc, spinal stenosis of lumbar region, and long-term medication use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L1-2 transforaminal epidural injection, 3 epidurals in 3 months, each epidural at least 1 week apart:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Epidural Steroid Injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments; Low Back Complaints Page(s): 46-47; 300. Decision based on Non-MTUS Citation Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural Steroid Injections (ESIs), Therapeutic

**Decision rationale:** Regarding the request for lumbar spine epidural steroid injection, guidelines recommend it as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for use of epidural steroid injections includes: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The request is not reasonable as there is no indication that pain is radicular in nature or that there is radiculopathy on physical examination and corroborated by imaging studies and/or electrodiagnostic testing and that pain has been unresponsive to conservative treatment. Request is for injection L1-2 level and prior MRI did not indicate any disk bulge at that level but instead at L4-5. Therefore, the request for right L1-2 transforaminal epidural injection, 3 epidurals in 3 months, and each epidural at least 1 week apart is not medically necessary and appropriate.