

<b>Case Number:</b>	CM14-0179144		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Emergency 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:

Patient with reported date of injury on 2/8/2012. Mechanism of injury merely states that patient tripped and fell. Diagnoses listed are anxiety/depression, hypertension, chronic pain syndrome, foot pain, wrist ganglion, lumbago, lumbar radiculopathy, myalgia and myositis, obesity and reflex sympathetic dystrophy of lower limb. Medical reports reviewed. Last report available was 10/10/14. Patient has chronic low back pain radiating to left leg. Right foot pain is worsening, has a history of tarso-metatarsal dislocation and RSD. Patient had reported trigger point injection that "helped significantly". Objective exam reveals lumbar spine with tenderness to right side around L5-S1 region, range of motion is limited. Abnormal antalgic gait. Sensation and strength is normal. Trigger point injections were reportedly done on 10/10/14 as well. MRI of lumbar spine (9/14) reportedly showed focal arthritic and disc degeneration but no disc herniation. The actual report was not provided for review. Current medications include Alprazolam, Amitriptyline, Diclofenac, Duloxetine, Norco, Ibuprofen, Lidocaine patch, Lisinopril, Lyrica, Metoprolol and Phentermine. Independent Medical Review is for lumbar epidural steroid injection. Prior UR on 10/26/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection:** 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:** Review of request showed that this a request for a series of 3 lumbar epidural steroid injections x 3 scheduled 2 weeks apart. As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend if it meets criteria. 1.) Patient does not even meet basic radicular criteria. There is no objective documentation or exam consistent with radicular pain. There is no corroborating evidence from MRI or exam that supports radiculopathy. 2.) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI except for pain management. There is no long term plan. Fails criteria. 3.) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. There is no documentation of prior physical therapy and there is no documentation of appropriate medication treatment. Fails criteria. 4.) MTUS does not recommend "series-of-three" injections and do not recommend more than 2 ESI injections. This criterion is not met. Patient fails multiple criteria for lumbar epidural steroid injection. Therefore, it is not medically necessary.