

<b>Case Number:</b>	CM14-0179846		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	09/22/2010
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 New Jersey and New York. 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 34 year-old female who was injured on 9/22/10 when she was attacked. She complained of low back, neck, wrist, and ankle pain. On exam, she had tender spasms of left lumbar spine and had a normal neurological exam. She had normal electrodiagnostic testing of her upper extremities. She was diagnosed with sprain of the neck, lumbar, and shoulder region, left lower extremity radiculopathy secondary to a L5-S1 disc protrusion seen on MRI, post traumatic stress disorder and major depression. She had acupuncture, physical therapy, and aqua therapy. She was referred for a functional restoration program but declined participation due to fears of being around people after being attacked. She had an epidural steroid injection which helped the pain for 4-6 weeks. After "failing conservative treatment", she had a anterior lumbar decompression and interbody arthrodesis at L5-S1 on 7/23/13 with significant relief of her back pain and radiculopathy. She had residual back pain but relief of radiculopathy. She completed physical therapy. Her medications have included Voltaren, Ultram, Flexeril, Tizanidine, and Norco. She was approved for a pain management consult and acupuncture. The request is for another epidural steroid injection.

### 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 Criteria for the use of Epidural Steroid Injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** The request for an ESI is not medically necessary. The patient had a history of epidural steroid injection with relief of symptoms for 4-6 weeks. However, after the anterior lumbar decompression and interbody arthrodesis at L5-S1, the patient had relief of her radiculopathy. She had normal neurological exam. There was no subjective and objective evidence of lumbar radiculopathy that would benefit from a lumbar steroid injection. MTUS guidelines require that "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." There was no clear documentation that she had failed all prescription medication therapy, therefore, the other guideline of being "initially unresponsive to conservative treatment" was not clearly met. Therefore, the request is considered not medically necessary.