

<b>Case Number:</b>	CM14-0021957		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	04/15/2008
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Occupational 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:

This is a 57-year-old female with a 4/15/08 date of injury. 5/1/14 progress report indicates persistent neck pain, lower back pain, and left lower extremity pain. There is poor quality of sleep. The physical exam demonstrates restricted cervical range of motion (ROM), restricted lumbar ROM, and decreased sensation over the left L5 and S1 dermatomes. A 4/8/14 progress report indicates persistent low back pain radiating to the left lower extremity. A 4/21/14 psychological evaluation indicates that it is too soon to consider a spinal cord stimulation trial; and that cognitive behavioral therapy was requested. The patient had an experience of hallucinations secondary to having been to prison, where she had to abruptly stop her Seroquel. Treatment to date has included medication, physical therapy, TENS, home exercise program and activity modification. 12/13/13 EMG study did not demonstrate any evidence of lumbar radiculopathy. 6/28/11 lumbar MRI demonstrates, at L5-S1, disc space narrowing, but no neural impingement. There is documentation of a previous 2/14/14 adverse determination for reasons not disclosed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION AT L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The California MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, California MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. However, the formal imaging report was negative for frank nerve root compromise at the L5-S1 level. In addition, a recent EMG was negative for lumbar radiculopathy. Therefore, the request for a lumbar epidural steroid injection at L5-S1 was not medically necessary.