

<b>Case Number:</b>	CM14-0023752		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	05/18/2004
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 records, presented for review, indicate that this 59-year-old female was reportedly injured on 5/18/2004. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 11/12/2013, indicated that there were ongoing complaints of neck pain, low back pain, bilateral lower leg pain, and right shoulder pains. The physical examination demonstrated positive straight leg raise bilaterally, limited range of motion lumbar spine and diminished sensation in all toes bilaterally. No recent diagnostic studies were available for review. Previous treatment included physical therapy, epidural steroid injections, medications, traction and conservative measures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

**Decision rationale:** Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of

radiculopathy). Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehabilitation efforts, including continuing a home exercise program. After reviewing the medical records provided, it was noted the injured worker did complain of tingling in both legs down to both feet. On physical examination, there was mention of diminished sensation in all toes bilaterally. There was no finding of a diagnostic study to corroborate radiculopathy in specific dermatomal distributions. Also, there was no mention as to which level & of the lumbar spine that is to be injected. Therefore, at this time, this request is deemed not medically necessary.