

<b>Case Number:</b>	CM14-0025551		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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 patient is a 33 year old female who was injured on 02/15/2011 when she was transferring cases while she was working. Prior treatment history has included physical therapy, acupuncture and chiropractic therapy providing her with moderate relief. MRI of the lumbar spine dated 05/03/2011 revealed degenerative changes at L5-S1 with minimal bilateral foraminal narrowing. There are no focal disc herniations. On soap note dated 02/04/2014, the patient complained of neck pain radiating to both arms and spasms with pain in the mid and lower back radiating to both legs. Her back pain is associated with tingling and weakness in the legs and feet. The pain is frequent and moderate and she rated her pain as an 8/10. The patient stated that her symptoms have been unchanged since the injury. On exam, the lumbar spine exhibits full range of motion. There is tenderness over the bilateral lumbar paraspinal muscles. There is sciatic notch tenderness on the right. There was negative sciatic notch maneuver and straight leg raise bilaterally. Bilateral knees reveal full range of motion. Sensation was diminished in the right L5 and S1 dermatomes. Diagnoses are lumbago and displacement of lumbar intervertebral disc without myelopathy. The patient is noted to be a candidate for an epidural steroid injection at L5-S1. There is a request to refill medications including Tramadol and Flexeril. Prior utilization review dated 02/11/2014 denied the request for a lumbar spine epidural steroid injection to L5-S1 as there is no documented evidence to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR SPINE EPIDURAL STEROID INJECTION TO L5-S1:** 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:** As per CA MTUS guidelines, The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. In this case, the MRI shows a mild bulge at L5-S1. A mild bulge is not indicative of radiculopathy nor does it meet CA MTUS clinical criteria to support doing an ESI. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. This procedure is not medically necessary.