

<b>Case Number:</b>	CM14-0026593		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/19/2001
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 61-year-old female with an injury date of 03/19/01. Based on the 02/06/14 progress report provided by [REDACTED] the patient complains of pain radiating down into her legs, right more than left. She also has weakness in her right shoulder. She had a bilateral staged total knee arthroplasty on 05/05/12 for the left side and on 02/15/11 for the right side. The patient's diagnoses include the following: lumbar degenerative disc disease; and lumbar radiculopathy. [REDACTED] requests a lumbar epidural steroid injection. The utilization review determination being challenged is dated 02/18/14. [REDACTED] is the requesting provider, and he provided treatment reports from 07/25/13- 02/26/14.

### 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) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

**Decision rationale:** According to the 02/06/14 report by [REDACTED], the patient presents with pain radiating down into her legs, right more than left, and weakness in her right shoulder. The request is for a lumbar epidural steroid injection. Review of the reports show that there is no indication of any previous lumbar epidural steroid injections, nor were there any reports of MRI's provided showing herniation or stenosis. The Chronic Pain Guidelines state that, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In the absence of a clear dermatomal distribution pain corroborated by an imaging and an examination demonstrating radiculopathy, epidural steroid injection (ESI) is not indicated. The request is not medically necessary.