

<b>Case Number:</b>	CM14-0032866		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/22/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 36 year old female who reported an injury on 05/22/2013. The mechanism of injury was a fall. Her diagnoses included lumbar disc disease. The injured worker had x-rays on the date of injury of the lumbar spine and left shoulder which preliminary findings were normal. Surgical history was not provided. Her medications included Etodolac, Flexeril, Polar Frost, and Paxil. On 06/18/2013 the injured worker reported that her pain had gotten worse and physical therapy did not improve the pain. On 11/15/2013 she had an electromyography test done which showed chronic left L4 radiculopathy and chronic right L5 radiculopathy. The injured worker reported aching and dull low neck pain radiating onto her legs with numbness, tingling, and weakness. Physical findings included sensation to light touch, reported parathesis to lower extremities, motor strength was 4/5, and patellar/achilles reflexes were 1+ /4, and a positive straight leg raise test. The treatment plan was for a lumbar epidural steroid injection. The rationale for request was not submitted. The request for authorization form was submitted 01/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection, QTY: 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on the information submitted for review, the request for lumbar epidural steroid injection is not medically necessary. As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. The purpose of the injection is to reduce pain and inflammation, restoring range of motion and facilitating progress in more active treatment programs, and avoiding surgery. Additionally, evidence of radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injections are also only considered after conservative treatment, including exercises, physical methods, NSAIDs and muscle relaxants, have failed. Fluoroscopy must be used for guidance. The injured worker reported a fall. She completed physical therapy and reported that it did not improve her pain. She was prescribed Etodolac, Flexeril, and Polar Frost, but her reaction to the treatment was not documented. Her electromyography test showed chronic left L4 and chronic right L5 radiculopathy. Upon physical examination it was noted that she sensation to light touch, reported parathesis to lower extremities, motor strength was 4/5, patellar/Achilles reflexes were 1+/4, and she had a positive straight leg raise. Furthermore, epidural steroid injections are considered after failed conservative treatment, which she was treated by physical therapy but there was insufficient documentation to show failed progression with all initially recommended conservative treatment. Therefore, despite findings suggestive of radiculopathy on diagnostic testing and physical examination, the request is not supported. Also, the request does not provide a level for the request and it was not indicated that fluoroscopy would be used for guidance. As such, the request for lumbar epidural steroid injection is not medically necessary.