

<b>Case Number:</b>	CM14-0046060		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/25/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 43-year-old female who reported injury on 05/25/2012. The mechanism of injury was an incident in which the injured worker was moving office equipment and hurt her back. The diagnosis was lumbosacral neuritis. Prior treatments have included physical therapy, chiropractic care, and medications. The injured worker underwent a nerve conduction study (NCS) and electromyography (EMG) on 03/04/2014 which revealed lumbar radiculopathy affecting the L5 nerve root. The PR2 dated 01/07/2014 revealed the injured worker had complaints of paresthesia of the left lower extremity with numbness, tingling, and weakness. The injured worker had constant low back pain. The pain radiated to the left lower extremity. Her medications include Norco and Naproxen. The physical examination revealed the injured worker had decreased pinprick at the left L5. The reflex was symmetrically diminished. The straight leg raise was positive on the left sitting position. Documentation indicated the injured worker had a prior MRI of the lumbar spine and an x-ray. The diagnoses included low back pain, left lumbar radiculopathy affecting L5 and/or S1, scoliosis at the thoracolumbar junction apex left, and depression. The treatment plan included a lumbar epidural steroid injection at L5-S1, nerve conduction studies for the lower extremities to rule out radiculopathy, and a continuation of Norco 10/325mg, along with Voltaren 75mg 2 times a day and a continuation of Restoril (Temazepam) 15mg at bedtime. This request was previously denied as there was no corroboration of complaints of radiculopathy or objective findings of radiculopathy through the MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L5-S1 Lumbar Epidural Steroid Injection: Upheld**

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

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

**Decision rationale:** California MTUS Guidelines recommend epidural steroid injections when there are objective findings of radiculopathy upon physical examination. There should be documentation that the findings are corroborated by imaging studies and/or electrodiagnostic testing, and the pain must initially be unresponsive to conservative treatment including exercise, physical methods, NSAIDs, and muscle relaxants. The clinical documentation submitted for review indicated the injured worker had radiculopathy upon physical examination that was corroborated by electrodiagnostic testing; however, there was a lack of documentation indicating the injured worker's pain was initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. Given the above, the request for left L5-S1 lumbar epidural steroid injection is not medically necessary.