

<b>Case Number:</b>	CM14-0048922		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/27/2009
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Occupational 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:

Injured worker is a 59 year old female with a date of injury of 05/27/2009. Mechanism of injury was not reported in the records available for review. Physician's progress report dated 03/05/2014 lists the injured worker's diagnoses as low back pain, discogenic low back pain, and post lamectomy. Progress report dated 03/05/2014 is the most recent note available and physical exam findings indicate the injured worker has functional strength and range of motion of the lower extremities, limited range of motion of the back in all directions, and tenderness to palpation over the spinous process in the lumbar region and the muscle of the gluteal region. There are no records to indicate the location of the performed lamectomy. The indications for the lamectomy nor the of the results of the lamectomy were included in the records available for review. There were no imaging studies available for review nor were reports of performed imaging included in the submitted documentation. There were no therapy notes available for review nor was any indication made that any modes of therapy aside from the use of medication have been attempted. Progress note dated 03/05/2014 indicates the injured worker's pain is controlled with the use of a Butrans patch 15mcg/hr, one patch for 7 days, Norco 10/325 one every six hours as needed, and Soma 350mg as needed not to exceed one every 12 hours for muscle spasms. This note indicates the injured worker is working full-time. The injured worker is experiencing poor sleep and progress note dated 12/04/2013 indicates the injured worker would like to assess the affect of her medications versus her lack of sleep on her daytime sleepiness. The injured worker's primary care physician has requested she be tested for sleep apnea. The injured worker would like to receive the Epidural injection to decrease her medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-4 Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

**Decision rationale:** The documentation provided for review did not include reports of radiculopathy in any physical examination nor were there imaging studies available to corroborate the existence of radiculopathy. There were no therapy notes included for review and no specific discussion regarding physical therapy to support that conservative treatment has failed. Progress notes included for review did indicate that the injured worker experienced pain relief with the use of prescription medications. Progress note dated 09/24/2013 reports the injured worker's pain level to be a 2/10 with the use of her prescribed medications. Due to the lack of evidence proving the indications for an Epidural Steroid Injection as outlined by Chronic Pain Medical Treatment Guidelines and lack of documentation regarding unresponsiveness to conservative treatments to include physical therapy and as the injured worker was responding to medications per the record, the request for L3-4 Epidural Steroid Injection is not medically necessary.