

<b>Case Number:</b>	CM14-0056957		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 who has submitted a claim for lumbar radiculopathy, lumbosacral strain, and spinal stenosis of lumbar region associated with an industrial injury date of August 23, 2013. Medical records from 2014 were reviewed. The patient complained of low back pain. The pain radiates to the left leg to the sole of the left foot. The symptoms were aggravated by prolonged standing and relieved upon lying down. Physical examination showed left lumbar spine facet tenderness. Lumbar range of motion on extension was decreased. Motor strength and sensation was intact. Straight leg raise test was negative. MRI of the lumbar spine, undated, revealed mild degenerative disc changes at L1-S1, moderate left L4-L5 foraminal stenosis, and mild bilateral L4-L5 lateral recess and mild bilateral L3-L4 foraminal stenosis. Treatment to date has included medications, physical therapy, chiropractic therapy, acupuncture, lumbar epidural steroid injections, home exercise program, and activity modification. Utilization review, dated April 11, 2014, denied the request for lumbar epidural steroid injection left L4-L5 because there was no apparent nerve root compression from the foraminal stenosis indicating possible radiculopathy. An appeal dated May 5, 2014, stated that the lumbar MRI report clearly states that there was "degenerative hypertrophy which is extending into the neural foramina causing moderate bilateral foraminal stenosis and obliteration of the perineural fat" at L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection left L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Guidelines do not support epidural injections in the absence of objective radiculopathy. In this case, the patient has persistent low back pain radiating to the left lower extremity. Progress report dated May 5, 2014 state that the patient has failed conservative measures including time, medication, chiropractic, remote acupuncture, and remote physical therapy. However, progress report dated April 3, 2014 stated that the patient completed a trial of lumbar physical therapy, which has somewhat helped. Although MRI of the lumbar spine showed left L4-L5 foraminal stenosis, there was no objective evidence of nerve compromise that would indicate lumbar radiculopathy. The guideline criteria have not been met. Therefore, the request for Lumbar epidural steroid injection left L4-5 is not medically necessary.