

<b>Case Number:</b>	CM14-0063549		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/01/2005
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 & Rehabilitation, Pain Medicine and is licensed to practice in California and Washington. 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 62 year old female who reported injury on 11/25/1993, related to a traumatic fall. Diagnoses included lumbago and unspecified cervical disc disorder. The past treatments included physical therapy, transcutaneous electrical nerve stimulation. A cervical MRI, lumbar spine x-ray, and an unofficial lumbar spine MRI were noted within the medical records; however, the results of the imaging were not provided within the medical records. Surgical history included a fusion at L4-L5. The progress note dated 03/12/2014, noted the injured worker complained of unspecified pain rated a 9/10. The physical exam revealed the range of motion on extension of the lumbar spine produced pain. The injured worker had left leg motor sensory deficit and a positive straight leg raise to the left thigh. Medications included Norco and Ativan. The treatment plan requested six visits of physical therapy, TENS unit supplies, and L3-4 and L5-S1 epidural steroid injections, quantity two. The Request for Authorization form and rationale were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-4, L5-S1 Epidural Steroid Injection, quantity 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
ESI Page(s): 46.

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

**Decision rationale:** The injured worker had unspecified pain, unspecified left leg motor sensory deficit, and a positive straight leg raise to the left thigh. The California MTUS guidelines recommend no more than 2 ESI injections for treatment of radicular pain to the applicable dermatomal distribution with corroborative findings of radiculopathy. The guidelines indicate radiculopathy must be present upon physical exam and must be corroborated by imaging or electrodiagnostic testing. The guidelines recommend failure to respond to conservative treatment. A repeat injection is indicated when objective pain relief of 50-70% is achieved over 6-8 weeks. There was no indication of decreased strength or sensation specifically in the L3-4 or L5-S1 dermatomal and myotomal distribution. There was little evidence to support radicular pain. There was no imaging or testing provided to support radicular pain originating from L3-4 or L5-S1. Current recommendations suggest a second epidural injection if partial success is produced with the first injection. Due to the lack of evidence to support radicular pain, specifically originating from the L3-4 or L5-S1 level, and the guidelines do not support a second epidural steroid injection prior to documentation of efficacy of the first injection, the injections would not be indicated. Therefore, the request for a L3-4, L5-S1 Epidural Steroid Injection, quantity two is not medically necessary and appropriate.