

<b>Case Number:</b>	CM14-0066599		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 59-year-old female who reported an injury on 12/18/2013. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar disc injury and left sciatica. The previous treatments include an MRI and medications, acupuncture, Toradol injection and physical therapy. Within the clinical note dated 04/23/2014 it was reported the injured worker complained of worsened lumbar pain in the lumbar, low lumbosacral and coccyx area. She rated her pain 7/10 in severity. The injured worker reported pain was mostly on the anterior left thigh, but when severe, radiates to the great toe. She described the pain as burning and pinching in the tailbone. The injured worker reported having a good response to Toradol injection in 04/2014. Upon the physical examination the provider noted the injured worker had a positive straight leg raise, indicated the injured worker had tenderness to palpation to the bilateral legs left greater than right with referral down the left leg to toe. The injured worker had decreased sensation of the left extremity L3-5 dermatomes. The provider noted the lumbar range of motion was flexion at 45 degrees and extension at 15 degrees. The injured worker underwent an MRI dated 04/11/2014 which revealed no nerve root compression identified, mild narrowing of the right L2 neural foramen. The provider requested a lumbar epidural injection; a rationale is not provided for clinical review. The request for authorization was submitted and dated on 04/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection left L3-4, L4-5 and L5-S1 under fluoroscopy guidance:**  
Upheld

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

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

**Decision rationale:** The request for lumbar epidural injection left L3-4, L4-5, and L5-S1 under fluoroscopy guidance is not medically necessary. The injured worker complained of worsened pain in the lumbar, low lumbosacral and coccyx area. She rated her pain 7/10 in severity. She described her pain as burning and pinching in the tailbone. The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing; the injured worker to initially be unresponsive to conservative treatment, exercise, physical methods, NSAIDs, and muscle relaxants. The guidelines recommend if ESIs are used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. The current research does not support a series of 3 injections in either diagnostic or therapeutic phase. If used for diagnostic purposes, a maximum of 2 injections should be performed. The clinical documentation submitted indicated the injured worker had an MRI; however, there is lack of significant objective findings in the official MRI to corroborate the diagnosis of radiculopathy. The clinical documentation submitted indicated the injured worker had no response to conservative treatment. However, the duration of treatment and the efficacy were not provided for clinical review. Additionally, the guidelines note, if used for diagnostic purposes, a maximum of 2 injections should be performed; the request submitted is for 3 levels. Therefore, the request is not medically necessary.