

<b>Case Number:</b>	CM14-0068447		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Nevada. 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 records presented for review indicate that this 45 year-old female was reportedly injured on 3/15/2012. The mechanism of injury is noted as a low back injury that occurred while she was lifting her aunt who slipped and fell in the shower. The most recent progress note dated 4/3/2014, indicates that there are ongoing complaints of low back pain. Physical examination documented tender under objective findings. MRI of the lumbar spine dated 5/8/2012 demonstrated mild lumbar rotoscoliosis and epidural lipomatosis resulting in mild canal stenosis; a disk bulge protruding into left foramen and facet arthropathy at L3-L4; broad based disk osteophyte complexes, facet arthropathy and bilateral lateral recess/foraminal stenosis at L4-L5 and L5-S1, with retrolisthesis at L4-L5. Diagnosis: lumbar radiculopathy, stenosis and spondylosis. Previous treatment includes a laser surgery procedure over 10 years ago, 2 lumbar epidural steroid injections, physical therapy and medication. A request had been made for third Lumbar Epidural Steroid Injection at L4-L5 and was not certified in the utilization review on 4/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Third lumbar epidural injection at L4-L5:** Upheld

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

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

**Decision rationale:** California MTUS guidelines supports up to two lumbar epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative treatment. A review of the available medical records, documents 2 lumbar epidural steroid injections. The guidelines do not support a 3rd epidural steroid injection. Based on the clinical documentation provided and MTUS guidelines, this request is not considered medically necessary.