Case Number:	CM14-0069415		
Date Assigned:	07/14/2014	**Date of Injury:**	10/08/2005
Decision Date:	10/02/2014	**UR Denial Date:**	04/24/2014
Priority:	Standard	**Application Received:**	05/14/2014

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 California. 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 female who has submitted a claim for lumbar disc degeneration associated with an industrial injury date of October 8, 2005. Medical records from 2014 were reviewed. Little information was provided by the documentation. The patient complained of low back, bilateral thigh, and left leg pain. The pain was rated 4-5/10 with medications, and 7/10 without medications. There was increased symptomatology with increased activity. The symptoms are predominant on the left leg. Physical examination showed 4/5 motor strength on the iliopsoas. Sensory examination showed diffuse changes in the L2-L3 dermatome. MRI of the lumbar spine (undated) showed L2 nerve roots exits fully encircled by normal fat signal. Official report of the imaging study was not available. Treatment to date has included medications, and activity modification. Utilization review, dated April 24, 2014, denied the request for outpatient lumbar epidural steroid injection at L2-L3 because the documentation did not describe a radiculopathy on both physical examination and imaging, and because the result of the previous injections was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural steroid Injection L2-L3: 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 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 addition, repeat epidural steroid injection should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient has low back, thigh and left leg pain. According to the patient, previous epidural steroid injections was done in the past. However, objective pain relief measures and evidence of functional improvement were not documented. Physical examination showed 4/5 motor strength on the iliopsoas and sensory examination showed diffuse changes in the L2-L3 dermatome. MRI of the lumbar spine (undated) showed L2 nerve roots exits fully encircled by normal fat signal. There was not enough evidence of nerve compromise. Moreover, there was no evidence that patient was unresponsive to conservative treatment. The guideline criteria have not been met. Therefore, the request for Lumbar Epidural steroid Injection L2-L3 is not medically necessary.