

<b>Case Number:</b>	CM14-0070451		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 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 injured worker is a 53-year-old female who reported an injury on 10/31/2012 of an unknown mechanism. The injured worker had diagnoses of musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, adductor strain, possible hip strain, herniated disc, disc bulges and left L5 radiculopathy. She had past treatments of H-wave stimulation, oral medications, modified work duties, intramuscular injections, and patches. She had an MRI of the lumbar spine that had limited results due to her habitus, electrodiagnostic studies, a normal NCS (nerve conduction study), and abnormal EMG (electromyography) that revealed left active L5 denervation clinically radiculopathy. The injured worker complained of pain to the low back that is constant with numbness and tingling of left toes. The pain increased with prolonged sitting, standing, and walking. She also had stiffness and difficulty sleeping. Physical findings on 04/10/2014 revealed tenderness of the left sciatic notch. Her medications included meloxicam, omeprazole, tramadol, zolpidem, and Flector patches. The treatment plan was for continuation of medications and patches, aqua therapy 2 times a week for 6 sessions, massage therapy 1 time a week for 3 sessions, intramuscular injection of ketorolac with Xylocaine, and wheeled walker with seat and brakes. There is rationale for the request. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

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

**Decision rationale:** The injured worker complained of pain in the low back that was constant, with numbness and tingling of the left toes, stiffness, and difficulty sleeping. Her past treatments included lumbar support, oral medications, topical patches, wheeled walker with seat and brakes, and intramuscular injections. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injection should be performed using fluoroscopy (live x-ray) for guidance. If 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. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. It is recommended for no more than 2 ESI injections. The EMG did support the diagnosis of radiculopathy; however, clinical documentation does not support this in physical findings as well. There was an approval for an epidural steroid injection on 04/25/2014. However, there is no clinical documentation stating whether this injection was received by the injured worker. In addition, the request does not specify where the injection is to be given. Given the above, the request for lumbar epidural injection is non-certified.