

<b>Case Number:</b>	CM14-0086579		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/28/2008
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 and is licensed to practice in Illinois. 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 32-year-old female who reported an injury on 08/28/2008. The mechanism of injury was not provided. On 09/26/2013, the injured worker presented with a flare up of back pain. Upon examination there was a restricted gait, short stepped with forward decompensated stance. There was severe lumbar spine tenderness, referred back pain and a bilateral positive straight leg raise. MRI of the lumbar spine revealed L4-5 and L5-S1 revealed dark desiccative disc changes with disc height loss. There were also disc bulges noted primarily at the L4-5 with previous left lateral disc extrusion. Prior therapy included medications, Lidoderm patches and an epidural steroid injection. The provider recommended an L4-5 lumbar epidural steroid injection. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 lumbar epidural steroid injection:** 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:** According to California MTUS Guidelines an epidural steroid injections may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination corroborated by imaging and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use fluoroscopy for guidance and no more than 2 root levels should be injected using transforaminal blocks. Repeat epidural steroid injections 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. The included medical documentation notes severe lumbar spine tenderness, referred back pain and bilateral straight leg raise. More information is needed on deficits related to motor strength, sensation and correlation of electrodiagnostic studies of radiculopathy compared to physical examination. In addition, the documentation failed to show the injured worker would be participating in an active treatment program following the requested injection. There is lack of documentation that the injured worker responded with a 50% decrease in pain with associated medication reduction with the prior epidural steroid injection. Moreover, the request failed to specify the use of fluoroscopy for guidance in the request as submitted. As such, the request is not medically necessary.