

<b>Case Number:</b>	CM14-0189304		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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, has a subspecialty in Interventional Spine, 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 32 year old female with an injury date of 03/06/14. The 10/09/14 report states that the patient presents with severe lower back pain radiating to the bilateral buttocks and legs. The patient is not working. Examination from 10/09/14 and 10/03/14 reveals diffuse lumbar spine tenderness with positive bilateral straight leg raise. The 08/19/14 Pain Consultant report states there is sensory dysesthesia in the L4-5-S1 dermatome bilaterally down the legs along with decreased sensation to pinprick in the L4-5-S1 dermatomes. The 05/30/14 MRI Lumbar spine without contrast provides the following interpretation: "L3-4: Demonstrates minimal loss of disc signal and disc height. There is a 5-6 mm central posterior disc bulge with small focal posterior fluid signal of the bulged disc." The patient's diagnoses include: 1. L3-4 disc protrusion (10/03/14 report) 2. Herniated lumbar spine disc at L3-4 (08/04/14 report) 3. Sciatica. The utilization review being challenged is dated 10/05/14. Reports were provided from 03/07/14 to 11/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient lumbar epidural injection at the the L3-L4 level:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46 AND 47.

**Decision rationale:** The patient presents with "lower back pain radiating to the bilateral buttocks and legs." The treater requests for Outpatient Lumbar Epidural Injection at the L3-L4 Level per treatment plan of multiple reports as early as 06/30/14. The date of the Request for Authorization is not provided. MTUS pages 46 and 47 states that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed. For the therapeutic phase, repeat blocks should be based on continued documented pain and functional improvement. The treater states in the reports provided that this request is for pain management and if not effective the patient will be referred to a spine specialist. There is no evidence of a prior ESI lumbar for this patient. In this case, examination shows radicular symptoms with "positive bilateral straight leg raise." The 05/30/14 imaging study states there is "5-6 mm disc bulge at L3-4," which is significant. Given the patient's significant leg symptoms, disc herniation with positive examination, trial of an ESI is consistent with the guidelines. The request is medically necessary.