

<b>Case Number:</b>	CM14-0193658		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	11/19/2013
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Internal 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 injured worker (IW) is a 54-year-old woman with a date of injury of November 19, 2013. The mechanism of injury was not documented in the medical record. The current working diagnoses documented in an October 2014 progress note include chronic low back pain, moderate anxiety, and moderate depression. In regards to past treatments, the IW denies having had any surgeries on her low back, epidurals, physical therapy, and acupuncture. She denies taking Gabapentin or tricyclic antidepressants. Pursuant to the Pain Management Follow-Up Evaluation dated September 23, 2014, the IW complains of low back pain currently rated 7/10, described as sharp with spasms. She reports radiation down bilateral legs, right greater than left, with numbness and tingling since November of 2013. The IW reports bladder urgency. The pain is made worse with standing and bending forward. The pain is made better with medications, specifically; Cyclobenzaprine 7.5mg, Diclofenac XL 100mg, and Tramadol ER 150mg. Physical examination reveals cranial nerves II-XII are intact. Straight leg raise is positive on the right. Decreased sensation to pinprick in the right lower extremity on the calf compared to the left. The treatment plan recommendations include psychology evaluation, pain management consultation for physical therapy and acupuncture, and epidural steroid injection at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Epidural Steroid Injections

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injection L5 - S1 is not medically necessary. The guidelines enumerate the criteria for the use of epidural steroid injections. The criteria include, but are not limited to, radiculopathy must be present and documented with objective findings on examination and corroborated by imaging studies and electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs and muscle relaxants); etc. See guidelines for additional details. In this case, the injured worker has clinically evident radiculopathy. The working diagnoses in the medical record from a progress note dated October 2014 Ms. chronic low back pain, moderate anxiety, and moderate depression. However, the documentation indicates the injured worker has not received any type of conservative treatment. In a September 23, 2014 progress note the injured worker denies receiving any prior physical therapy, acupuncture, gabapentin, or prior epidural steroid injections. The criteria for epidural steroid injections include treatment whereby the injured worker was unresponsive to conservative treatment. Consequently, absent the unresponsiveness to conservative treatment, the epidural steroid injection L5 - S1 is not medically necessary.