

<b>Case Number:</b>	CM14-0200279		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	11/06/2009
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 31 year old female sustained a work related injury on 11/6/2009. The mechanism of injury was reported to be injury from tripping over a wheelbarrow, landing on her back. The current diagnoses are lumbar spine disc herniation and radiculopathy. According to the progress report dated 9/27/2014, the injured workers chief complaints were low back pain, 8/10 on a subjective pain scale. The pain was described as stabbing, throbbing, radiating, and numbing. Exacerbating factors include activities of daily living. Alleviating factors include medications and rest. She states she is getting weaker and the pain has worsened by 10% since her last visit. The physical examination revealed positive straight leg raise test at 35 degrees. Radiculopathy was noted bilaterally. There was weakness noted upon neuro examination. The injured worker is in too much pain to perform range of motion or any orthopedic testing. Current medications are Amitriptyline, Napro, Naproxen Sodium, Omeprazole, and Tramadol. No diagnostic imaging reports were specified in the records provided. On this date, the treating physician prescribed lumbar epidural steroid injection, which is now under review. In addition to lumbar epidural steroid injection, the treatment plan included Norco. When lumbar epidural steroid injection was first prescribed work status was temporarily totally disabled. On 11/4/2014, Utilization Review had non-certified a prescription for lumbar epidural steroid injection. The lumbar epidural steroid injection was non-certified based on no documented evidence of failure of conservative measures to include physical therapy, NSAIDs, and muscle relaxants. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lumbar Epidural Steroid Injection L4-L5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** The patient presents with low back pain rated 8/10. The request is for LUMBAR EPIDURAL STEROID INJECTION L4-L5, L5-S1. Patient's diagnosis on Diagnosis 05/03/14 and 09/27/14 included lumbar spine disc herniation. Physical examination of the thoracolumbar spine on 09/27/14 revealed patient was "still in too much pain to perform range of motion or any orthopedic testing." Weakness noted upon neuro examination. Patient's medications include Amitriptyline, Napro cream, Naproxen, Omeprazole and Tramadol. The patient is temporarily totally disabled. MTUS page 46 and 47 has the following regarding ESI under chronic pain section, Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Treater is requesting MRI of the lumbar spine, as patient "is becoming more dysfunctional in her ADL's," and he is recommending the patient have "epidural injections at L4-5 and L5-S1." In this case, treater has not documented radicular symptoms, and there are no physical examination findings supporting radiculopathy. No imaging studies or electrodiagnostic studies were provided, either. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The request does not meet guideline criteria. Therefore, the request IS NOT medically necessary.