

<b>Case Number:</b>	CM14-0206278		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 45-year-old woman with a date of injury of May 21, 2013. The mechanism of injury was not documented in the medical record. The injured worker's working diagnosis is disc protrusion lumbar spine. Pursuant to the handwritten note dated October 16, 2014, the IW complains of continued pain in the low back extending to the right leg. Objective physical findings reveals tender disc at L4-L5. She also has limitation of straight leg raise on the right. An MRI of the lumbar spine showed early disc desiccation at L2-L3, disc desiccation at L5-S1, Modic type II changes at T11-T12 and a patent canal and neural foramina at all levels. There were electrodiagnostic studies in the medical record. The provider is recommending a lumbar epidural injection at L2-L3 and L5-S1 X (1).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural injection L2-3, L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**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 Section, Epidural Steroid injections.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural injection L2 - L3 and L5 - S1 are not medically necessary. Epidural steroid injections (ESI) are recommended as a possible option for short-term treatment of radicular pain to be used in conjunction with active rehabilitation efforts. The criteria include, but are not limited to, radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented; there must be objective findings on examination and radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. See the guidelines for additional details. In this case, the injured worker's working diagnosis on a progress note dated October 16, 2014 is disc protrusion lumbosacral spine. The subjective complaints are continued pain in the low back extending into the right leg. On physical examination the objective findings are tender disc at L4 - L5 and limitation (?) Straight leg raising on the right. There is no objective evidence of radiculopathy in the documentation. There is no documentation of any electrodiagnostic testing performed (EMG/NCV) to confirm the presence of radiculopathy as required by the guidelines. Consequently, lumbar epidural steroid injections L2 - L3 and L5 - S1 are not medically necessary.