

<b>Case Number:</b>	CM15-0000964		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	06/10/2003
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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, Hawaii

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:

The injured worker is a 63 year old female who sustained an industrial injury on 06/10/2003. The current diagnoses include sciatica, sprain of ligaments of the lumbar spine, degenerative disc disease-lumbar, spinal stenosis of the lumbar region, and brachial radiculitis. Treatments to date include medication management and trigger point injection. Report dated 11/19/2014 noted that the injured worker presented with complaints that included low back pain with radiating pain into both legs. Physical examination was positive for abnormal findings. The physician noted that the injured worker had a new disc bulge. The utilization review performed on 12/16/2014 non-certified a prescription for lumbar epidural steroid injection L4-5 under fluoroscopy based on the clinical information submitted did not appear to support medical necessity. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection L4-5 under fluoroscopy:** Overturned

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

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

**Decision rationale:** The patient presents with pain affecting the low back with radiation to the bilateral leg. The current request is for Lumbar epidural steroid injection L4-5 under Fluoroscopy. The treating physician report dated 11/19/14 (35B) states, "We will continue to request authorization for a lumbar epidural steroid injection directed at the L4-5 level as previously requested back on October 8, 2014. We appreciate this approval as it is likely this is where her new symptoms are emanating from." The report dated 10/8/14 states, "(The patient) completed a lumbar MRI on October 6, 2014, which has now disclosed an L4-L5 small disc protrusion or herniation. This appears to be new and may be the cause of her recent increasing pain." MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical reports provided, do not show that the patient has received a previous ESI at the L4-5 level. In this case, the patient presents with low back that radiates down to the bilateral leg. Furthermore, the diagnoses of lumbar radiculopathy is corroborated by an MRI dated 10/6/14 (21B). The current request satisfies the MTUS guidelines as outlined on page 46. Recommendation is for authorization.