

<b>Case Number:</b>	CM15-0008344		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	11/13/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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

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 43 year old female, who sustained an industrial injury on 11/13/13. On 1/14/15, the injured worker submitted an application for IMR for review of Lumbar epidural steroid injection. The treating physician has reported the injured worker complains of upper back and lower back pain. The injured worker uses a cane and back brace. The diagnoses have included displacement lumbar intervertebral disc without myelopathy. Treatment to date has included physical therapy, chiropractic therapy, acupuncture, medication, pain management consultations, lumbar x-rays and MRI - disc protrusion L4-L5 (12/26/13). On 12/15/14 Utilization Review non-certified Lumbar epidural steroid injection noting the MTUS Chronic Pain Guidelines citing Epidural Steroids injections are for treating radicular pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection:** Overturned

**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:** This patient presents with upper/lower back pain radiating into bilateral lower extremities. The treater has asked for LUMBAR EPIDURAL STEROID INJECTION on 12/4/14. The requesting 12/4/14 progress report further specifies the location of the injection as L5-S1, which the treater states "is reasonable considering her failed treatment and lower extremity symptoms." A lumbar MRI dated 12/26/13 listed the following impression: "posterior disc bulges of 3mm at L4-5 and 3-4mm at L5-S1, benign appearing L4 intraosseous hemangioma" per 4/16/14 progress report. A physical exam on 12/4/14 shows a positive straight leg raise and decreased sensation noted over L5 and S1 distribution. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, the patient complains of radiating pain in the lower extremities, and a physical exam shows radicular symptoms along the L5-S1 dermatomal distribution. A lumbar MRI confirms a 3-4mm disc bulge at L5-S1. The patient has not had a prior epidural steroid injection, and has failed conservative treatment. The request appears in accordance with MTUS guidelines. The requested epidural steroid injection IS medically necessary.