

<b>Case Number:</b>	CM15-0132905		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 47 year old female, who sustained an industrial injury on 10/12/12. Initial complaint was of a lumbar spine pain. The injured worker was diagnosed as having lumbar radiculopathy; right inguinal strain/sprain; bilateral hip strain/sprain; anxiety; depression; left shoulder strain/sprain. Treatment to date has included physical therapy; chiropractic therapy; transforaminal epidural steroid injection (4/12/13); medications. Diagnostics studies included MRI lumbar spine (2/1/13; 11/10/14); EMG/NCV study bilateral lower extremities (11/21/13); MRI left shoulder (1/31/15). Currently, the PR-2 notes dated 4/17/15 indicated the injured worker presents in this office for a pain management evaluation. She reports back pain due to her injury and has since developed shooting pain to the left leg with sensation of weakness. She reports paresthesia symptoms in the left leg with aching and numbing rating the worse pain at 7/10 and is the average pain. The pain is reported worse at night at least 5/10. It is made worse by prolonged standing and walking and gets better by lying flat and taking medications. A physical examination is documented. These notes indicate she was approved for a lumbar epidural injection and he reviewed the procedure with her and she is agreeable to move forward with the procedure. He reports her CURES report was checked and she is compliant with pain medication usage. She has had an epidural in the past (4/12/13) with good results. She then experienced another injury January 18, 2014 which aggravated her lumbar spine. A MRI of the lumbar spine is reported 11/12/14, which showed mild disc desiccation at L4-L5 and L5-S1. At L5-S1, there was diffuse disc protrusion with bilateral stenosis of the foramen but no neurologic

compression at L4-L5. The provider is requesting authorization of a lumbar epidural steroid injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lumbar Epidural Steroid Injection, Qty 1: Upheld**

**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 injections (ESI) Page(s): 46.

**Decision rationale:** CA MTUS states ESIs are recommended as an option for treatment of radicular pain. There are specific criteria that must be met in order for the patient to be a candidate for this procedure. One of the criteria is that the patient be found unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants). In this case there is not documentation that this criteria has been satisfied. Therefore, the request is not medically necessary at this time.