

<b>Case Number:</b>	CM15-0134792		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	05/25/2013
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 51 year old female, who sustained an industrial injury on 5/25/2013. The mechanism of injury was lifting. The injured worker was diagnosed as having lumbar sprain/strain with disc extrusion, abnormal electromyography (EMG), fibromyalgia and chronic thoracic and cervical pain. Lumbar magnetic resonance imaging showed lumbar 4-5 and lumbar 5-sacral 1 disc protrusion and electromyography (EMG) showed bilateral lumbar 5 radiculopathy. Treatment to date has included epidural steroid injection, physical therapy, ice/heat and medication management. In a progress note dated 5/20/2015, the injured worker complains of severe back pain radiating to the head, neck bilateral upper extremities buttocks and bilateral lower extremities, rated 10/10. Physical examination showed bilateral lumbar tenderness and limited motion. The treating physician is requesting left lumbar 4-5 epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-5 epidural steroid injection:** 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 injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, left L4 - L5 epidural steroid injection is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks. etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar strain with 4 mm disc extrusion left L4 - L5 with left L5 radiculopathy clinically; acute right L5 and chronic L5 radiculopathy; status post lumbar epidural steroid injection April 10, 2014 and second March 26, 2015. Date of injury is May 25, 2013. Request for authorization is June 15, 2015. According to a progress note dated April 1, 2015, the injured worker had two prior lumbar epidural steroid injections. The first epidural steroid injection provided relief for two days. The second epidural steroid injection provided relief for a day or so. Subjectively, your worker has complaints of back pain that radiates everywhere. Objectively, there is no neurologic evaluation demonstrating clinical evidence of radiculopathy. Consequently, absent clinical documentation with objective functional improvement and significant pain relief (greater than two days) from prior epidural steroid injections and no clinical evidence of radiculopathy on physical examination, left L4 - L5 epidural steroid injection is not medically necessary.