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| <b>Case Number:</b>   | CM15-0146743 |                              |            |
| <b>Date Assigned:</b> | 08/07/2015   | <b>Date of Injury:</b>       | 02/06/1996 |
| <b>Decision Date:</b> | 09/04/2015   | <b>UR Denial Date:</b>       | 06/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/28/2015 |

### 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 (IW) is a 69 year old female who sustained an industrial injury on 02/06/1996. The initial report of injury is not found in the medical records reviewed. The injured worker was diagnosed as having: disc degeneration lumbar spine; facet arthropathy, status post fusion; Decompenation above the prior fusion. Treatment to date has included an anterior posterior fusion at L4-5 and S1 (with excellent release). In the June 2, 2015 provider visit, it was noted that she has improved with physical therapy. Currently, the injured worker complains of numbness and left upper extremity pain. Spinal examination shows pain with extension and rotation, no focal deficits. Paraspinal spasm is present. There is tenderness to palpation of her L5-S1 and L4-5 levels. She has decreased sensation of the anterior thigh but no give way weakness. Reflexes are symmetrically diminished at L4 bilaterally. She has an antalgic gait and severe restriction in range of motion. A request for authorization was made for Lumbar steroid injections at L2-L3 and L3-L4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar steroid injections at L2-L3 and L3-L4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section.

**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, lumbar epidural steroid injection at L2 - L3 and L3 - L4 are 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-inflammatories 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 disc degeneration lumbar spine, facet arthropathy, status post blocks in the past that helped significantly. Date of injury is February 6, 1996. Request for authorization is June 6, 2015. There was no documentation of prior epidural steroid injections with associated objective functional improvement. There was no documentation indicating percent improvement and duration of improvement. According to a June 2, 2015 progress note, the injured worker subjectively states she is going to have an epidural steroid injection and physical therapy. Objectively, there is no neurologic examination and no objective evidence of radiculopathy. The medical record contains 32 pages with no documentation or evidence of magnetic resonance imaging of the lumbar spine or electrodiagnostic studies. Consequently, absent clinical documentation with objective evidence of radiculopathy and corroboration with MRI and or electro -diagnostic studies, lumbar epidural steroid injection at L2 - L3 and L3 - L4 are not medically necessary.