

<b>Case Number:</b>	CM15-0147859		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	10/19/2008
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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, Pain Management

### 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 October 19, 2008, incurring neck, lower back and right knee injuries and heavy lifting. She was diagnosed with lumbar degenerative disc disease with disc displacement of the nerve root, lumbar radiculopathy, lumbar facet syndrome, lumbar sprain, thoracic sprain, cervical radiculopathy, cervical facet syndrome and cervical sprain. Treatment included muscle relaxants, anti-inflammatory drugs, pain medications, neuropathic medications, antidepressants, lumbar Radiofrequency Ablation, transcutaneous electrical stimulation unit, and activity restrictions. Currently, the injured worker complained of neck pain, right knee pain and lower back pain. She rated her pain without medications 9 out of 10 and on medications 5 out of 10. She noted persistent pain with muscle spasms of the lower back with limited range of motion with flexion and extension. The treatment plan that was requested for authorization included a lumbar epidural injection. A progress report dated August 7, 2015 identifies the patient with ongoing lower back pain. A report of an electrodiagnostic study identifies chronic changes to the left L5 root distribution muscles. Physical examination findings revealed decreased sensation to light touch over the L4 and L5 dermatomes on the right side.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural injection L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
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**Decision rationale:** Regarding the request for lumbar epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, the requesting physician has identified subjective complaints and objective findings supporting a diagnosis of radiculopathy. The EMG corroborates the subjective complaints and objective findings. There is also identification that the patient has failed reasonable conservative treatment measures. As such, the currently requested lumbar epidural steroid injection is medically necessary.