

<b>Case Number:</b>	CM15-0162542		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	01/12/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Emergency 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 74-year-old female who sustained an industrial injury on 11-12-12. Progress report dated 7-22-15 reports continued complaints of head, neck, right wrist and right hand pain. She has complaints of mid and lower back pain with radiation to the left leg and sometimes in both legs. The pain is moderate to severe and is associated with tingling in the left leg and weakness in the right hand and left leg. The pain is described as sharp, throbbing, shooting and burning with a pins and needles sensation and skin sensitivity to light touch. The pain is aggravated by bending forward and backwards, reaching, kneeling, stooping, crawling, exercises, coughing or straining, using a shopping care, leaning forward and prolong standing, sitting, and walking and is rated 6-8 out of 10. The pain is made better by medication, rest, ice, elevating, bracing lying down and relaxing. Diagnoses include displacement of lumbar intervertebral disc without myelopathy. Plan of care includes: request consultation and treatment with podiatrist, start with caregiver for cooking, cleaning and transportation as soon as possible, request L4-5 lumbar epidural steroid injections, continue medications. Work status: totally temporarily disables, retired. Follow in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 46, Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The requested Lumbar epidural steroid injection L4-5 is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are: "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has mid and lower back pain with radiation to the left leg and sometimes in both legs. The pain is moderate to severe and is associated with tingling in the left leg and weakness in the right hand and left leg. The pain is described as sharp, throbbing, shooting and burning with a pins and needles sensation and skin sensitivity to light touch. The pain is aggravated by bending forward and backwards, reaching, kneeling, stooping, crawling, exercises, coughing or straining, using a shopping cart, leaning forward and prolonged standing, sitting, and walking and is rated 6-8 out of 10. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in reflexes or muscle strength; nor positive imaging and/or electro diagnostic findings indicative of radiculopathy. The criteria noted above not having been met, Lumbar epidural steroid injection L4-5 is not medically necessary.