

<b>Case Number:</b>	CM15-0181351		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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

### 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 54 year old female, who sustained an industrial injury on 6-13-2013. The injured worker is undergoing treatment for major depressive disorder, anxiety disorder, diabetes, and low back pain, lumbago with lower extremity radiculopathy, and lumbar spondylosis. On 7-6-15, she reported low back pain. The provider noted that epidural injections were not completed in the past due to her being diabetic. She also reported weakness and numbness in her lower extremities and buttocks. Physical examination revealed her to be obese with a steady gait, tenderness is noted to the lumbosacral junction, and a decreased lumbar range of motion is reported, along with a positive straight leg raise test on the left. An appeal letter dated 9-8-15 indicated she reported "moderate to severe" low back pain with radiation and had a restricted lumbar range of motion with noted tenderness and a positive lumbar facet loading on the left side. On 9-21-15, she reported low back pain rated 8 out of 10 with radiation into the bilateral lower extremities. She is noted to continue wearing a lumbar brace, which had been given to her at her last visit. The physical examination does not note significant changes. The treatment and diagnostic testing to date has included: psychotherapy sessions, home exercise program, medications, multiple physical therapy and acupuncture sessions, and bracing, x-rays of the lumbar spine (7-6-15) reported as revealing "sacralized L5 vertebral body with mild spondylosis throughout the remainder of the lumbar spine, with loss of disk space height above the sacralized L5 vertebral body. There is no evidence of instability or fracture"; magnetic resonance imaging of the lumbar spine (2-14-14) is reported to reveal a transitional segment with stenosis at L3-4 and L4-5. Medications have included: aspirin, metformin, Tylenol and Flexeril. She is noted to have had rashes with Meloxicam. Current work status: temporarily totally disabled. The request for authorization is for: lumbar epidural steroid injection at L4-5. The UR dated 9-3-2015: non-certified the request for lumbar epidural steroid injection at L4-5.

## 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 Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits to support the epidural injections. Clinical findings indicate limited range and pain with spasms; however, without any specific correlating myotomal/dermatomal motor or sensory deficits. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The Lumbar epidural steroid injection L4-5 is not medically necessary and appropriate.