

<b>Case Number:</b>	CM15-0190203		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	10/31/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 61 year old female who sustained an industrial injury on 10-31-2014. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar degenerative disc disease, lumbar radiculopathy and myofascitis. The injured worker has a medical history of hypertension and diabetes mellitus. According to the treating physician's progress report on 08-19-2015, the injured worker continues to experience low back pain radiating to the bilateral legs associated with weakness and numbness worse on the right side and rated mostly at 5 out of 10 with the worst being 9 out of 10 on the pain scale. Evaluation noted a normal gait and able to perform heel and toe walk without pain. Examination of the lumbar spine demonstrated pain to palpation over the spinous process at L4, L5 and over the paraspinal muscles at L4-L5 bilaterally, left side greater than the right side. Forward flexion was normal with extension at 10 degrees with pain, right lateral flexion at 15 degrees, left lateral flexion at 20 degrees, right lateral rotation at 40 degrees and left lateral rotation at 30 degrees. Straight leg raise was positive in the sitting position at 45 degrees, right worse than left. Positive Faber sign was documented on the left and negative on right. Motor strength of the lower extremities noted left side at 4 plus out of 5 and right side at 4 out of 5 with sensation to light touch, pinprick and 2 point discrimination in all dermatomes intact. Deep tendon reflexes and vascular were within normal limits. A lumbar spine magnetic resonance imaging (MRI) performed on 03-06-2015 was interpreted within the 08-19-2015 progress note. Prior treatments have included diagnostic testing, ice, acupuncture therapy, physical therapy and medications. Current medication was noted as Tylenol. Treatment plan consists of Electromyography (EMG)

and Nerve Conduction Velocity (NCV) studies of the bilateral lower extremities and the current request for a lumbar epidural steroid injection at L5-S1. On 09-04-2015 the Utilization Review determined the request for lumbar epidural steroid injection at L5-S1 was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Outpatient lumbar epidural steroid injection at L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, ESI.

**Decision rationale:** According to the treating physician's progress report on 08-19-2015, the injured worker continues to experience low back pain radiating to the bilateral legs associated with weakness and numbness worse on the right side and rated mostly at 5 out of 10 with the worst being 9 out of 10 on the pain scale. Evaluation noted a normal gait and able to perform heel and toe walk without pain. Examination of the lumbar spine demonstrated pain to palpation over the spinous process at L4, L5 and over the paraspinal muscles at L4-L5 bilaterally, left side greater than the right side. Forward flexion was normal with extension at 10 degrees with pain, right lateral flexion at 15 degrees, left lateral flexion at 20 degrees, right lateral rotation at 40 degrees and left lateral rotation at 30 degrees. Straight leg raise was positive in the sitting position at 45 degrees, right worse than left. The medical records provided for review do not document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection or document objective functional gain or pain improvement in terms of duration or degree in relation to first ESI performed in support of second ESI. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. The medical records do not indicate findings by MRI to corroborate the physical exam findings of radiculopathy and as such do not support the use of ESI congruent with ODG guidelines. The request is not medically necessary.