

<b>Case Number:</b>	CM15-0200477		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	08/18/2012
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Preventive Medicine, Occupational 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 41 year old female, who sustained an industrial injury on 8-18-2012. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for lumbar spine herniated nucleus pulposus at L4-5 (lumbar 4-5) and L5-S1 (lumbar 5-sacral 1) with annular tear, depression, anxiety, and stress. Medical records (8-6-2015) indicate ongoing low back pain. The objective findings (8-6-2015) reveal tenderness to palpation and spasm of the lumbar region, decreased lumbar range of motion, and decreased sensation left S1 distribution. Medical records (9-3-2015) indicate ongoing low back pain radiating to the bilateral legs, right greater than left. The injured worker reported her pain has increased. The objective findings (9-3-2015) reveal decreased lumbar range of motion. The medical records show the subjective pain rating improved from 8 out of 10 on 8-6-2015 to 4 out of 10 on 9-3-2015. On 7-22-2015, an MRI of the lumbar spine revealed 1-2 millimeter broad-based disc protrusions at L4-5 and L5-S1 without evidence of canal stenosis or neural foraminal narrowing. Treatment has included anti-epilepsy, muscle relaxant, antidepressant, antianxiety, and non-steroidal anti-inflammatory medications. Per the treating physician (9-3-2015 report), the injured worker remains temporarily totally disabled. On 9-4-2015, the requested treatments included a LESI (lumbar epidural steroid injection) at L5-S1 with trigger point injection under fluoroscopic guidance, #3. On 9-16-2015, the original utilization review non-certified a request for LESI at L5-S1 with trigger point injection under fluoroscopic guidance, #3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LESI (lumbar epidural steroid injection) at L5-S1 with trigger point injection under fluoroscopic guidance, #3: Upheld**

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

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

**Decision rationale:** MTUS Guidelines have very specific recommended standards to support the use of epidural injections. These standards include a radiculopathy that corresponds to diagnostic test results (MRI or electrodiagnostics). This individual does not meet these criteria. Although there is some question regarding a left S1 diminished sensation, there are no corresponding MRI findings. The MRI revealed minimal disc bulges with no lateralization impacting the foramina diameter or exiting nerve roots. There are no unusual circumstances to justify an exception to the Guidelines. The requested LESI (lumbar epidural steroid injection) at L5-S1 with trigger point injection under fluoroscopic guidance, #3 is not supported by Guidelines and is not medically necessary.