

<b>Case Number:</b>	CM15-0022009		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	07/30/2009
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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, Hawaii

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 56 year old female, who sustained an industrial injury on 7/30/2009. The diagnoses have included lumbosacral strain/arthrosis/discopathy. Treatment to date has included epidural steroid injections (3/24/2014, 9/22/2014 and 10/27/2014). Currently, the IW complains of continued low back pain. Objective findings included intrinsic weakness on the right side. She has a positive Tinel and flexion test at the elbow. There is tenderness in the left sided paraspinal musculature. Bilateral straight leg raise is positive at 60 degrees. On 1/21/2015, Utilization Review non-certified a request for L4-5 lumbar epidural injection noting that the requested treatment does not meet recommended guidelines. The MTUS was cited. On 2/05/2015, the injured worker submitted an application for IMR for review of L4-5 lumbar epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 lumbar epidural injection:** 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 Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for L4-L5 lumbar epidural injection. The treating physician report dated 10/27/14 (37B) states, The patient received 2nd L/S ESI on September 22, 2014 that reduce her low back pain by 90% for 3-4 days. MTUS Guidelines do recommended ESIs as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the medical reports provided show the patient has received at least 2 previous ESI injections of the lumbar spine. The current request for a third lumbar ESI does not satisfy the MTUS guidelines as no more than 2 ESI injections are recommended. Recommendation is for denial.