

<b>Case Number:</b>	CM15-0023067		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	02/23/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, Arizona  
 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 45-year-old female who reported an injury on 02/23/2014. The mechanism of injury was due to a slip and fall. Her relevant diagnoses include lumbosacral radiculitis, lumbosacral facet arthropathy, and myofascial pain syndrome. Her past treatments included pain management, medications, physical therapy, and chiropractic therapy. A lumbar MRI was performed on 07/10/2014, which revealed congenital narrowing of the spinal canal was present; no high grade spinal canal stenosis caused by the disc was present; the L4-5 and L5-S1 indicated degenerative disc disease; and there was noted lower lumbar facet joint arthropathy relatively worse and prominent at the L4-5. On 02/04/2015, the injured worker complained of low back pain that radiated down the bilateral legs with associated symptoms of sharpness, throbbing, shooting, numbness, and tingling. The injured worker also complained of increased bilateral hip pain, left shoulder pain, left wrist pain, and decreased upper neck pain that radiated down the skull, triggering frequent headaches. The physical examination of the lumbar spine revealed limited range of motion with flexion at 60 degrees. There were also trigger points with a twitch response at the spinous process with tenderness noted on the L4-5. The injured worker was absent for lumbar facet loading or tenderness over the facet joints. Her motor strength and deep tendon reflexes were indicated to be normal. The injured worker had a positive bilateral straight leg raise. Her relevant medications included cyclobenzaprine 7.5 mg, Menthoderm ointment, tramadol 150 mg, gabapentin 600 mg, bupropion 75 mg, and levothyroxine 0.137 mg. The treatment plan included a lumbar epidural steroid injection due to presentation of lumbar

radiculopathy consistent with complaints, physical examination, and MRI findings. A Request for Authorization form was not submitted.

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

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

#### **Lumbar transforaminal epidural steroid injection at bilateral L5 - S1: 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 injections (ESIs) Page(s): 46.

**Decision rationale:** The request for a lumbar transforaminal epidural steroid injection at bilateral L5 - S1 is not medically necessary. According to the California MTUS Guidelines, the criteria for epidural steroid injections include documented radiculopathy upon physical examination corroborated by imaging or electrodiagnostic testing and there should also be documentation the injured worker was initially unresponsive to conservative treatments, such exercise, physical methods, NSAIDs, and muscle relaxants. The injured worker was indicated to have chronic low back pain. However, there was lack of documentation to indicate the injured worker was unresponsive to conservative treatment such as NSAIDs and muscle relaxants along with physical methods. There was also lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal or myotomal distribution. In addition, there was a lack of diagnostic testing indicating significant neural foraminal narrowing or stenosis at the requested levels. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.