

<b>Case Number:</b>	CM15-0025237		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	04/08/2005
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

This 56 year old female sustained an industrial injury on 4/8/05, to the neck, bilateral shoulders and low back. Magnetic resonance imaging lumbar spine (8/28/14) showed disc dislocations with disc protrusion and bilateral neural foraminal stenosis. The injured worker complained of ongoing low back pain. In October 2014, the injured worker was evaluated by a pain management specialist with recommendation for epidural steroid injections. In a 2/2/15 secondary physician initial orthopedic evaluation report, the orthopedic surgeon reviewed the magnetic resonance imaging lumbar spine from 8/14. Physical exam was remarkable for spasm and tenderness over the paravertebral muscles of the lumbar spine with decreased range of motion and decreased sensation on L4, L5 and S1 dermatome distributions bilaterally. The physician recommended lumbar spine fusion at L4-5 and possibly L5-S1 versus microdecompression at L3-4 bilaterally to address the pain in bilateral lower extremities if conservative treatment failed to improve the injured worker's pain. On 1/6/15, Utilization Review noncertified a request for lumbar epidural injection at L4-5 noting lack of clinical findings of radiculopathy and citing Utilization Review. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural injection at L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI's.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The California MTUS guidelines indicates that the criteria for the use of epidural steroid injections includes the presence of radiculopathy that is corroborated by physical examination an MRI and/or electrodiagnostic testing. The most recent progress note dated February 2, 2015 does include a complaint of low back pain radiating to the lower extremities, and the MRI the lumbar spine does reveal bilateral foraminal stenosis at the requested level, however the lower extremity neurological examination on this date is normal. Without physical examination findings to corroborate with the injured employee symptoms and MRI, this request for lumbar epidural steroid injections at L4 - L5 is not medically necessary.