

<b>Case Number:</b>	CM15-0029737		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	09/29/2008
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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:

This 48 year old female sustained an industrial injury on 9/29/08. She subsequently reports ongoing low back pain. Diagnosis includes spinal stenosis. Treatments to date have included physical therapy and prescription pain medications. On 1/15/15, Utilization Review non-certified a request for Lumbar epidural steroid injection left L4-L5. The Lumbar epidural steroid injection left L4-L5 was denied based on MTUS Chronic Pain guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection left L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The patient presents with ongoing low back pain with radiating pain to the knee on the left. The current request is for lumbar epidural steroid injection left L4-L5. The treating physician states, in a report dated 01/02/15, This patient was denied for a left epidural

steroid injection but she is clearly worse now and a left sided L4-5 epidural steroid injection may be of great benefit to her. So, please, authorize this left epidural steroid injection which was denied in 07/2014. (14B) The MTUS guidelines state: Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the treating physician, based on the records available for review, has failed to document radiculopathy. The distribution of pain described does not correlate with the L5 nerve root, the examination findings reveal negative SLR for radiculopathy and the stated MRI findings of "She has documented lumbar stenosis at the L4/5 segment." While there are diminished reflexes reported affecting the patellae 1+ bilaterally and absent ankle reflexes, the documentation provided does not meet the MTUS guidelines. The treating physician is in the process of ordering a lumbar MRI and I do not see that this has been denied. If there is further diagnostic data in support of a radiculopathy, this can be used to support another request for an epidural. The current request is not medically necessary by the guidelines and recommendation is for denial.