

<b>Case Number:</b>	CM15-0214637		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	10/07/2009
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 67 year old female sustained an industrial injury on 10-7-09. Documentation indicated that the injured worker was receiving treatment for cervicgia, brachial neuritis, lumbar degenerative disc disease and myalgia. Past medical history was significant for hypertension and diabetes mellitus. Previous treatment included massage, physical therapy, transcutaneous electrical nerve stimulator unit, epidural steroid injections, H-wave and medications. In a qualified medical evaluation report dated 8-2-15, the physician noted that in a PR-2 dated 7-3-12, documentation indicated that the injured worker was status post L4-5 and L5-S1 epidural steroid injections on June 2012 with an 85% decrease of left leg pain and 55% decrease of low back pain. The injured worker was complained of increased low back pain with stiffness. In a PR-2 dated 9-8-15, the injured worker complained of neck pain with radiation to the right shoulder and down the right upper extremity and low back pain with radiation down bilateral lower extremities associated with numbness, bilateral knee pain and right ankle pain. The injured worker reported that she had been to the Emergency Department on 8-26-15 due to severe low back pain with radiation to the right lower extremity. Physical exam was remarkable for lumbar spine with tenderness to palpation at L3-S1 and over the facet joints from bilateral L3-S1 with spasms, "decreased" range of motion, negative straight leg raise, "slightly" diminished sensation to touch over the left L4-S1 distribution and lower extremity reflexes present and symmetrical. The treatment plan included continuing medications (Trepadone, Percura, Gabapentin, Sentra PM, Theramine, Cyclo-benzaprine, Naproxen Sodium and Omeprazole) and requesting authorization for lumbar epidural steroid injections at L4-5 and L5-S1. On 10-7-15, Utilization Review noncertified a

request for lumbar epidural steroid injections at L4-5 and L5-S1. The patient sustained the injury due to slip and fall incident. The patient has had MRI of the lumbar spine on 9/16/11 that revealed disc protrusions, foraminal narrowing. The patient's surgical history includes bladder surgery and left shoulder surgery.

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

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

#### **Lumbar epidural steroid injection at L4-L5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), [http://www.odg-twc.com/Low Back - Lumbar & Thoracic \(Acute & Chronic\)](http://www.odg-twc.com/Low Back - Lumbar & Thoracic (Acute & Chronic)).

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

**Decision rationale:** Lumbar epidural steroid injection at L4-L5 and L5-S1. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." Physical examination of the lumbar spine revealed negative straight leg raise. Radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing was not specified in the records specified. The patient has received an unspecified number of PT visits for this injury. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for Lumbar epidural steroid injection at L4-L5 and L5-S1 is not fully established for this patient.