

<b>Case Number:</b>	CM15-0217245		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	12/09/2010
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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  
 Certification(s)/Specialty: Emergency Medicine

### 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 51-year-old female, who sustained an industrial injury on 12-9-10. Medical records indicate that the injured worker is undergoing treatment for mechanical low back pain, chronic lumbar strain, lumbar disc herniated nucleus pulposus, lumbar multilevel disc disease, lumbar grade one degenerative arterolsthesis with stenosis and left lumbosacral spine radiculopathy. The injured worker is currently working with modified duties. On (10-7-15) the injured worker complained of low back pain, which radiated to the left lower extremity. Associated symptoms include numbness and tingling in the left lower extremity. The injured worker was noted to have had a lumbar four-lumbar five epidural injection on 2-23-15 with 70% improvement lasting almost three months. The symptoms had returned. Objective findings noted that the injured worker walked with a stiff gait. The injured worker was able to toe walk and heel walk with discomfort. Sensation was diminished in the lateral thigh, lateral calf and first dorsal web space on the left. Treatment and evaluation to date has included medications, urine drug screen, lumbar MRI, nerve testing, physical therapy, trigger point injections, acupuncture treatments and chiropractic treatments. The MRI (11-22-14) of the lumbar spine showed facet hypertrophy at lumbar four-lumbar five with moderate stenosis. Current medications were not provided. The Request for Authorization dated 10-9-15 is for a left (lumbar) L4-L5, transforaminal epidural steroid injection. The Utilization Review documentation dated 10-19-15 non-certified the request for a left (lumbar) L4-L5, transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left (lumbar) L4-L5, transforaminal epidural steroid injection:** Upheld

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

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

**Decision rationale:** As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections(ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI. There is no long term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of any recent conservative therapy attempts. Patient has been stable on medications. Despite claims that prior ESI was "beneficial" provider and patient did not take advantage for it to perform necessary physical therapy any conservative intervention. Fails criteria. 3) Patient had a reported LESI in the past. MTUS guidelines recommend during therapeutic phase that after 1st injection, pain relief of over 50% should last for up to 6-8weeks. There is a vague claim of "70% improvement lasting 3months" but this is contradicted by documentation that shows no change on pain or decrease in medication. Fails criteria. 4) Radiculopathy as defined by MTUS guidelines. It is unclear why prior ESI was done since patient never met any criteria for ESI. Documentation fails to document appropriate neurological findings supported by imaging and electrodiagnostic criteria for radiculopathy. Imaging shows, no nerve impingement and electrodiagnostics are negative. Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. lumbar epidural steroid injection is not medically necessary.