

<b>Case Number:</b>	CM15-0220020		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	08/25/2000
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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, North Carolina  
 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:

The injured worker is a 52 year old female who sustained an industrial injury on 8-25-00. The injured worker reported "difficulty walking and standing for prolonged periods of time due to pain". A review of the medical records indicates that the injured worker is undergoing treatments for disc degeneration, temporomandibular joint disorder, chronic pain syndrome, spondylosis, post lumbar laminectomy syndrome, disc disorder, sciatica and low back pain. Medical records dated 10-15-15 indicate pain rated at 6-7 out of 10. Treatment has included lumbar and thoracic magnetic resonance imaging (10-13-14), radiographic studies, Ibuprofen since at least April of 2015, Methadone since at least April of 2015, Norco since at least April of 2015, Flector patch since at least April of 2015, Clonazepam since at least April of 2015, injection therapy, and status post right L5-S1 microdiscectomy. Objective findings dated 10-15-15 were notable for lumbar spine with kyphosis, scoliosis, tenderness to palpation to paraspinous muscles, flexion to 90 degrees, extension "deferred to pain", limited rotation. The original utilization review (11-4-15) denied a request for L5-S1 TF Versus TL Epidural.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 TF Versus TL Epidural:** 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:** The request is for an L5-S1 ESI. The purpose of an ESI is to reduce pain and inflammation, restore range of motion and facilitate more active participation in a rehab program. ESI is recommended as an option for treatment of radicular pain and is not supported in the absence of radiculopathy. Physical exam, corroborated by MRI and electrodiagnostic studies, should support the diagnosis of radiculopathy. In this case, no neurologic deficits are found on physical exam. An MRI was not provided in order to indicate pathology at the requested level of injection. There is also no indication that the claimant has failed conservative treatment with exercise, PT and medications. In addition, the plan for participation in an active treatment program was not indicated. Therefore the request is not medically necessary or appropriate.