

<b>Case Number:</b>	CM15-0030663		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	05/26/2014
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, 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:

The injured worker is a 56 year old female, who sustained an industrial injury on May 26, 2014. The diagnoses have included low back pain, lumbosacral spondylosis without arthropathy and radicular syndrome of the lower limbs. Treatment to date has included medication, physical therapy, chiropractic therapy and lumbar facet injections. Currently, the injured worker complains of low back pain. She reports that a lumbar facet injection from 1/5/2015 did not provide relief. The back pain now radiates down the left side past the knee. Her lumbar spine range of motion is limited with flexion and extension. And her muscle strength is 5/5 with hip flexion, knee extension, foot dorsiflexion, foot inversion and foot plantar flexion. There is tenderness to palpation of the lumbar facet joints and the paraspinal muscles. On February 5, 2015 Utilization Review non-certified a request for lumbar epidural steroid injection left L5-S1, noting that for epidural steroid injections to be recommended, radiculopathy must be corroborated by imaging or electrodiagnostic studies and the supplied documents only allude to some corroboration at L5-S1 but they are not clear. The California Medical Treatment Utilization Schedule was cited. On February 18, 2015, the injured worker submitted an application for IMR for review of lumbar epidural steroid injection left L5-S1.

### 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 left L5-S1: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, ESI.

**Decision rationale:** The medical records provided for review do not document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection or document objective functional gain or pain improvement in terms of duration or degree in relation to first ESI performed in support of second ESI. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such the medical records do not support the use of ESI congruent with ODG guidelines.