

<b>Case Number:</b>	CM15-0046067		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: 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:

The injured worker (IW) is a 55 year old female who sustained an industrial injury on 05/18/2012. She reported low back pain with radiculopathy. The injured worker was diagnosed as having degeneration of cervical intervertebral disc, cervical disc displacement, cervical radiculitis, low back pain, lumbar disc displacement, and lumbar radiculopathy. Treatment to date has included lumbar epidural steroid injection (LESI) 10/24/2014 with greater than 50% pain relief. Currently, the injured worker complains of bilateral low back pain that radiates to the coccyx and to the bilateral lower extremities with radicular symptoms. The worker has had physical therapy, ice, narcotics, anti-inflammatories, muscle relaxers, and corticosteroids with some pain relief. Diagnostic tests include x-ray, MRI, Electromyography (EMG) of the right lower extremity and Nerve Conduction Velocity (NCV) tests and CT scan. The treatment plan includes a repeat of the LESI. A request for Authorization was placed for a L5-S1 Lumbar steroid injection with Epidurography x one (1) and monitored anesthesia care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 Lumbar steroid injection with epidurography x one (1) and monitored anesthesia care:** 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 ESI Page(s): 46-47.

**Decision rationale:** This patient has a date of injury of 05/18/12 and presents with low back pain that radiates into both legs with numbness, weakness and paresthesia. The current request is for L5-S1 Lumbar Steroid Injection, With Epidurography X One 1 and Monitored Anesthesia Care. According to progress report dated 11/25/14, the patient had an epidural injection "last week" which helped relief her back pain "somewhat" but now she has developed diabetes from all the cortisone injections. The operative report was not provided. The Request for Authorization is dated 02/16/15 requested L5-S1 lumbar steroid injection. The MTUS Guidelines has the following regarding ESI under its chronic pain section page 46 and 47, "recommended as an option for treatment for radicular pain defined as pain in the dermatome distribution with corroborated findings of radiculopathy". In this case, there is no discussion of functional improvement or documentation of measureable pain relief. The MTUS guidelines only allow repeat injections with documentation of functional improvement and at least 50% pain relief of 6 to 8 weeks. The required documentation has not been provided to allow for a repeat injection. The requested epidural steroid injection is not medically necessary.