

<b>Case Number:</b>	CM15-0050724		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	04/16/2008
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 is a 57 year old female, who sustained an industrial injury on April 16, 2008. She reported low back pain, shoulder pain and poor sleep. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, low back pain, sacroiliac pain and shoulder pain. Treatment to date has included radiographic imaging, diagnostic studies, steroid injections, medications and work restrictions. Currently, the injured worker complains of low back pain and hip pain. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. She reported an improvement in the pain with steroid injections and pain medications. Evaluation on March 18, 2015, revealed continued pain and poor sleep quality. The plan included a lumbar steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 Epidural Steroid Injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI  
Page(s): 46-47.

**Decision rationale:** The patient presents with low back pain rated at 5/10 with and 8/10 without medications. The request is for L4-L5 epidural steroid injection. The request for authorization is dated 02/09/15. MRI of the lumbar spine, 06/16/11, shows mild disk desiccation with minimal Grade 1 spondylolisthesis noted at the L4-L5 level, resulting in mild spinal stenosis and mild narrowing of the left L4 neural foramen, actual study is not provided. EMG/NCS of the right lower extremity, 04/19/11, shows normal electrodiagnostic study. Patient has had 3 epidural steroid injections. Physical examination of the lumbar spine reveals tenderness on palpation to the paravertebral muscles. Range of motion is limited in flexion and extension. Gaenslen's is positive. Straight leg raising is negative. Patient's medications include Gabapentin, Celebrex, Norco, Temazepam and Voltaren gel. The patient is working modified duty. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Treater does not discuss the request. In this case, MRI of the lumbar spine, 06/16/11, shows mild disk desiccation with minimal Grade 1 spondylolisthesis noted at the L4-L5 level, resulting in mild spinal stenosis and mild narrowing of the left L4 neural foramen. However, physical examination reveals Straight Leg Raising is negative and there is no documentation regarding the patient's leg pain or symptoms. Radiculopathy is not documented with lack of dermatomal distribution of pain along with physical examination findings corroborated by MRI findings. Therefore, given the lack of documentation, the request IS NOT medically necessary.