

<b>Case Number:</b>	CM15-0087934		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	12/01/2001
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 61 year old female who sustained an industrial injury on December 1, 2001. Previous treatment includes MRI of the lumbar spine and lumbar epidural steroid injections. Currently the injured worker complains of low back pain and notes that her pain has improved following a lumbar epidural steroid injection. She reported an approximate 50% improvement in pain following the injections and has some persistent paresthesias in the left lower extremity. An MRI of the lumbar spine on August 5, 2014 revealed L3-L4 posterior lateral bulging with encroachment on the left inferior neural foramen and L4-L5 thickening of ligamentum flavum and posterolateral bulging encroachment into the left inferior neural foramen. There is no disk bulge or herniation at L5-S1. There is no central or neural foraminal stenosis at this level. On examination, the injured worker ambulates with a normal gait and has normal lumbar lordosis. She has slight tenderness in the lumbar paravertebral muscles exhibits pain with flexion and extension of the low back. She has a positive straight leg raise test on the left. There is 5/5 strength in the lower extremities except for 4+/5 in the left great toe extension with decreased left L5 sensation. Reflexes are 1+ in the knee and ankle jerks. Diagnoses associated with the request include lumbar disc protrusion and lumbar radiculopathy. The treatment plan includes a second lumbar epidural injection

### 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 Criteria for the use of Epidural steroid injections.

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

**Decision rationale:** Lumbar epidural steroid injection at left L5-S1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS states that 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. The documentation does not indicate that patient's prior injection has resulted in decrease in medication use for six to eight weeks therefore this request is not medically necessary.