

<b>Case Number:</b>	CM13-0037107		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/03/2012
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year-old female sustained a low back injury after standing quickly and turning to go out the door on 8/3/12. The request under consideration is for a lumbar epidural steroid injection L4-L5. Report of 9/30/13 from [REDACTED] noted that the patient complained of low back pain radiating into the postero-lateral thigh calf, including lateral bottom and dorsal aspect of foot. Her pain rated at 9/10 and the patient has been taking high-dose narcotics for the same. Medications were not listed. There is a history of right hip surgery and right hand injury (no specifics provided). MRI of the lumbar spine (date not provided) was noted to show multilevel multifactorial changes most prominent at L4-L5 with moderate central canal stenosis secondary to disc protrusion with material extends up to 6 mm posteriorly with lateral recess stenosis and neuroforaminal stenosis. There is osteophyte complex with facet arthritis at L5-S1. Exam noted left-sided antalgic gait; restricted range in flexion to 10 degrees limited by pain; heel and toe walk are normal; lumbar facet loading positive on both sides; straight leg raise positive on right at 45 degrees; Faber test positive; pelvic compression and Babinski's sign negative; Strength 5/5 in all major muscle groups; sensation intact to light touch and pinprick; Romberg's is negative; reflexes are equal and symmetric bilaterally in upper and lower extremities; gait without ataxia. Diagnoses include low back pain syndrome; lumbar/thoracic radiculopathy; lumbar spondylosis without myelopathy; lumbar disc degeneration; opioid dependence unspecified; lumbar stenosis and disc herniation without myelopathy. Treatment includes discontinuing narcotics and switching to Subtext or Butrans patch for pain control, Tramadol for breakthrough, lumbar epidural steroid injection at L4-5 for radicular pain and lumbar facet injections at L5-S1 for the low back pain. There is a report dated 11/18/13 from [REDACTED] who noted the patient is in for follow-up

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection L4-L5:** 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 Epidural steroid injections (ESIs), Page(s): 46.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines recommend an epidural steroid injection as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing, which was not provided here. Submitted reports have not demonstrated any neurological deficits to support epidural injections. Criteria for the epidurals have not been met. Therefore, the requested lumbar epidural steroid injection L4-L5 is not medically necessary or appropriate at this time.