

<b>Case Number:</b>	CM14-0120494		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. The expert reviewer is Board Certified in Family Medicine 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 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/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 is a 49 year old female with a 9/26/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 5/15/14 noted subjective complaints of low back pain radiating into the right leg. Objective findings included bilateral lumbar paraspinal tenderness, sciatic notch tenderness. 5/5 strength lower extremities bilaterally and diminished sensation of right L4 and L5 dermatomes. Lumbar MRI dated 5/21/14 noted moderate to severe right L5-S1 neuroforaminal narrowing. Diagnostic Impression: lumbago  
Treatment to Date: medication management  
A UR decision dated 7/3/14 denied the request for lumbar epidural steroid injection, L5-S1 level. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There are no imaging studies/electrodiagnostic results submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR EPIDURAL STEROID INJECTION, L5-S1 LEVEL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

**Decision rationale:** CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The patient does have MRI evidence of possible L5 nerve root impingement as well as sensory deficits in a dermatomal distribution. However, in the documents provided for review, there is no mention of attempts at conservative therapies such physical therapy. The patient cannot be considered to have failed aggressive conservative management. Therefore, the request for lumbar epidural steroid injection, L5-S1 level was not medically necessary.