

<b>Case Number:</b>	CM14-0121937		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/29/2010
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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:

The injured worker is a 32 year old female who reported an injury on 04/29/2010. The mechanism of injury was not specified. Her diagnoses included chronic lumbar discogenic pain, right lumbar radicular syndrome, disc protrusion at L4-L5 and L5-S1. Her MRI of the lumbar spine on 08/21/2014 noted mild right lateral recess encroachment with mild to moderate right sided and mild left sided neural foraminal narrowing. Her surgical history and previous treatments were not provided. On 09/18/2014 the injured worker reported constant low back pain with a pain level of 6-7/10. The pain radiated down her right leg. The note showed a positive straight leg raise, range of motion of the lumbar spine is restricted with 75% flexion, and extension, lateral bending, and rotation 50%. There were no sensory abnormalities noted with sensation intact to touch and pinprick in all dermatomes in the bilateral lower extremities. Motor strength was 5/5 and reflexes were 2+ bilaterally. Her medications included Flector Patch 1 every 12 hours as needed and Tylenol #3. The treatment plan was for Lumbar Epidural Steroid Injection (LESI) Bilateral L5. The rationale for request was for diagnostic and therapeutic purposes. The request for authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection (LESI) Bilateral L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 46.

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

**Decision rationale:** Based on the clinical information submitted for review, the request for Lumbar Epidural Steroid Injection (LESI) Bilateral L5 is not medically necessary. As stated in California MTUS Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. The purpose of the injection is to reduce pain and inflammation, restoring range of motion and facilitating progress in more active treatment programs, and avoiding surgery. Additionally, evidence of radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injections are also only considered after conservative treatment, including exercises, physical methods, NSAIDs and muscle relaxants, have failed. The injured worker reported constant low back pain that radiated down her right leg. It was noted she had failed conservative treatment; however, it is unknown what her previous treatments consisted of, which the guidelines recommend injections after failed conservative treatment which includes exercises, physical methods, NSAIDs and muscle relaxants. Although it was noted that she had mild left sided neural foraminal narrowing in her MRI, her physical examination showed no sensory abnormalities, motor strength was 5/5 and reflexes were 2+ bilaterally. As such, the request for Lumbar Epidural Steroid Injection (LESI) Bilateral L5 is not medically necessary.