

<b>Case Number:</b>	CM14-0133645		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	11/05/2010
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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, has a subspecialty in Pain 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:

The patient is a 38 year old female who sustained an industrial injury on 11/5/2010. The 8/21/2013 lumbar spine MRI study reveals: 1. Mild endplate degenerative changes; 2. There is no disc protrusion or central canal narrowing; and 3. Normal alignment. A procedure form dated 6/6/2014 indicates a caudal injection was administered. The patient had a neurological consult re-evaluation on 7/10/2014. She is treating with propranolol, baclofen, sumatriptan, and ondansetran through this office. She has continued complaints of headaches, neck and lower back pain, anxiety and depression, and urinary urgency. Examination documents 5/5 muscle strength, normal sensation, and symmetrical reflexes of the extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Transforaminal lumbar ESI bilateral L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Epidural Steroid Injection (ESI).

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

**Decision rationale:** The CA MTUS guidelines state for consideration of epidural steroid injection, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical records do not establish the existence of objective findings indicative of active radiculopathy with corroborative findings on imaging study. There lacks physical examination and imaging evidence of nerve root compromise that correlates to the requested L5-S1 ESI bilaterally. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The request is not medically necessary and appropriate.