

<b>Case Number:</b>	CM14-0135885		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	02/11/1997
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 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 injured worker is a 52-year-old female who sustained an injury on 2/11/97. On 3/18/14, she presented with considerable symptoms in her lumbar spine radiating around to the right lower extremity. She indicated that she was having both good and bad days. Average daily pain was 4/10, the pain was most prominent at night radiating to the right. She had difficulty with sitting. She was having more fatigue and more right leg weakness. On exam neurologically the patient appeared to be fairly intact in the bilateral lower extremities though subjectively she mentioned that she has had increasing difficulty with ambulation and some weakness. MRI of the lumbar spine on 5/7/14 revealed a prior fusion of L2-S1 with solid fusion, 2.3mm broad-based disc bulge at L1-2, type 1 endplate marrow changes at this level, resultant mild bilateral foraminal narrowing and also showed disc desiccation, possible small left renal cyst, partially imaged. No past surgeries, current medications or previous treatment were documented. No reference to the present request of lumbar epidural steroid injection was documented. Diagnoses included status post L2-3 posterior spinal fusion in September 2001 and degenerative disc disease at T12-L2. The request for Outpatient Lumbar Epidural Steroid Injection (ESI) bilateral L1-2 was denied on 7/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient lumbar epidural steroid injection (ESI) bilateral L1-2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

**Decision rationale:** As per CA MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no clear evidence of radiculopathy on the exam. There is no imaging or electrodiagnostic evidence of nerve root compression. There is no documentation of trial and failure of conservative management such as physiotherapy or NSIADs for a reasonable period of time. Therefore, the medical necessity of the request for ESI is not established per guidelines and due to lack of documentation; not medically necessary.