

<b>Case Number:</b>	CM14-0164586		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 & 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 injured worker is a 62-year-old female who sustained an injury on 5/28/13. As per 8/19/14 report she presented with moderate to severe low back pain rated at 8/10 and worse with prolonged sitting, standing, walking, bending, stooping or lifting. Exam revealed positive tenderness and muscle spasms in the paralumbar musculature, forward flexion 30 degrees with pain and extension 10 degrees with pain. He had symptoms of radiculopathy per the notes dated 7/16/14, 6/1/14, 3/7/14, and 1/23/14 but had normal neurological exam during these visits. L-spine MRI dated 8/31/14 revealed a small right greater than left disc herniation at L4-5. L-spine CT-Myelogram dated 1/8/14 revealed small anterior end plate osteophytes at several levels, mild disc bulge at L3-4, 2 mm AP, without central canal stenosis or neural foraminal stenosis, mild right lateral disc bulge at L4-5 with mild right neural foraminal encroachment, without nerve root compression. EMG studies revealed electrodiagnostic evidence consistent with abnormalities involving likely the bilateral fifth lumbar nerve roots (right greater than left) and the right first sacral nerve root. She is currently on Diclofenac, Tramadol, and Omeprazole. She has failed various conservative treatments including physical therapy. Lumbar ESI x2 were recommended for her intractable low back pain and documented lumbar radiculopathy and she reportedly had one ESI approved on 8/4/14 but it is not clear if this was done. Diagnoses include chronic intractable low back pain, neural foraminal stenosis, herniated disc lumbar spine, degenerative disc disease lumbar spine, and radicular pain; bilateral lower extremities L4-5 nerve root/neuropathic pain. The request for Lumbar epidural steroid injection L4-L5 was denied.

### 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 Criteria for the use of Epidural Steroid Injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections 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 documentation of radiculopathy by the physical examination. There are no records of physical therapy progress notes documenting adequate amount of treatments. Furthermore, it is not clear if the IW has received the ESI that was previously approved; if so, there is no documentation of any significant pain relief to demonstrate the effectiveness of this procedure. Therefore, the medical necessity of the request for ESI is not medically necessary.