

<b>Case Number:</b>	CM14-0211516		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	12/08/2009
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 49-year-old female who reported an injury on 12/06/2009. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of lumbago, lumbar radiculopathy of the L5-S1, left side of mid line. Past medical treatments consist of surgery, chiropractic therapy, and medication therapy. Diagnostics consist of an MRI that showed the interbody graft to be in satisfactory position, with a fairly pristine appearing L4-5 disc, and the neural foramina at L5-S1 bilaterally appeared to be relatively open, with the right neural foramina more widely open than the left. On 10/07/2014, the injured worker complained of increased lumbar back discomfort. Physical examination revealed that there was tenderness to palpation at the L4-5. Extension on the right was positive to palpation, there was positive flexion with tenderness to palpation at L5-S1. There were spasms noted. There was decreased range of motion. The medical treatment plan is for the injured worker to undergo lumbar ESI. No rationale or Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar ESI (Epidural Steroid Injection): Upheld**

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

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

**Decision rationale:** The request for lumbar epidural steroid injection is not medically necessary. The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An epidural steroid injection can offer short term pain relief, and use should be in conjunction with other rehab efforts, including a continued home exercise program. There is no information on improved function. The criteria for the use ESI are: radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. The clinical documentation lacked evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy documented by the physical examination. Additionally, there was a lack of documentation of the injured worker being initially unresponsive to conservative treatment, which would include exercise, physical methods, and medication. Furthermore, there were no imaging studies submitted for review to corroborate a diagnosis of radiculopathy. The request as submitted did not indicate the use of fluoroscopy for guidance in the request. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.