

<b>Case Number:</b>	CM14-0218002		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/29/1997
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59-year-old female, with a reported date of injury of 08/29/1997. The result of the injury was low back pain. The current diagnoses include severe lumbar degenerative disc disease with disc herniations at L3-4 and L4-5 and chronic pain. The past diagnosis includes chronic pain syndrome. Treatments have included cyclobenzaprine HCL for muscle spasms, Gabapentin, Lidocaine patch, Celebrex, Voltaren gel for the bilateral knees, hydrocodone acetaminophen, an MRI of the lumbar spine in 2012 and 2013, which showed a herniated disc at L3-4 and L4-5, and a transforaminal epidural steroid injection on 04/29/2014. The medical report dated 11/17/2014 indicates that the injured worker had ongoing bilateral lower extremity pain due the L3-4 and L4-5 herniated disks. The injured worker was in severe pain and was tired of her chronic pain. The physical examination showed the pain radiated from the low back into the thighs; and 4+ motor strength on both sides, but slightly limited by pain. The treating physician requested lumbar epidural steroid injections since the injured worker's herniations had not gotten any better. On 12/17/2014, Utilization Review (UR) denied the request for a lumbar epidural steroid injection. The UR physician noted that there was no documentation of a failed recent conservative treatment for the low back and the anticipated injection levels were not specified in the records. The Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

**Decision rationale:** The patient is a 68 year-old female with an 8/29/97 date of injury. According to the 11/17/14 report, the patient presents with ongoing bilateral lower extremity pain due to L3/4 and L4/5 herniated discs. She has not received the new TENS unit and has not had epidural injections. Physical exam on 11/17/14 mentions subjective complaints of pain in the bilateral thighs, but does not identify any specific dermatomal distribution. The exam shows 4+ out of 5 strength, but does not state which muscles or myotomes were tested. The physician discusses the prior lumbar MRI from 2012, 2013 and 2014 and states there are disc herniations at L3/4 and L4/5. The MRI reports were not provided for this review. On 12/17/14 utilization review denied a lumbar epidural steroid injection because the documentation did not show recent failed conservative treatment. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The available medical reports did not identify a radicular pain in a dermatomal distribution, and it is not clear if the reported MRI findings correlate with the patient's symptoms. There were no MRI reports or electrodiagnostic studies provided for this review. The specific level for the requested lumbar epidural injection was not discussed. Based on the provided information, the MTUS criteria for a lumbar epidural injection have not been met. The request for Lumbar Epidural Steroid Injection IS NOT medically necessary.