

<b>Case Number:</b>	CM15-0109437		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	02/15/1996
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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 53 year old female, who sustained an industrial injury on 2/15/96. The injured worker has complaints of lower back pain radiating pain down both legs to her feet. The documentation noted that there is lumbar tenderness, limited forward flexion with pain L4-5 and S1 (sacroiliac) joints bilaterally and cervical stiffness. The diagnoses have included patellofemoral chondromalacia; knee arthritis syndrome and lumbar disc herniation. Treatment to date has included Norco; injections; diazepam and ambien. The request was for lumbar epidural, bilateral L4-L5 with fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural, Bilateral L4-L5 with fluoroscopy:** Upheld

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

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

**Decision rationale:** Based on the 05/14/15 progress report provided by treating physician, the patient presents with low back pain radiating down both legs to the feet, with numbness to left leg. The request is for Lumbar Epidural, Bilateral L4-L5 with Fluoroscopy. Diagnosis on 05/14/15 included lumbar disc herniation. Patient's diagnosis per Request for Authorization form dated 05/15/15 includes chondromalacia patella. Patient's medications include Norco, Diazepam and Zolpidem. The patient is to return to work full-duty, per 05/14/15 report. Treatment reports were provided from 11/20/14 - 05/14/15. 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". In addition, MTUS states that the patient must be "Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants.)" Treater has not provided medical rationale for the request. Physical examination to the lumbar spine on 05/14/15 revealed tenderness and limited forward flexion with pain at L4-5 and SI joints bilaterally. In this case, the patient presents with low back pain with radicular symptoms. However, there is no diagnosis of radiculopathy, or physical examination findings to support radicular leg symptoms. Treater does not discuss MRI or electrodiagnostic studies to corroborate radiculopathy in progress reports, either. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given lack of documentation, this request does not meet guideline indications. Therefore the request is not medically necessary.