

<b>Case Number:</b>	CM15-0014562		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	05/24/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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 46-year-old female who reported an injury on 05/24/2014 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her lower back. The injured worker's treatment history included physical therapy and medications. The injured worker underwent and electrodiagnostic study on 08/28/2014 that did not identify any evidence of radiculopathy or peripheral nerve entrapment. The injured worker was evaluated on 11/10/2014. It was documented that the injured worker had a significant reduction in pain by 60% to 70% with pain medication usage and a 50% to 75% increase in functional activity resulting from the use of medications. The injured worker's objective findings including restricted range of motion of the lumbar and thoracic spine with multiple myofascial trigger points and taut bands throughout the thoracic and lumbar paraspinal musculature. It was noted that the injured worker could not perform heel toe walking and had decreased strength in dorsiflexion of the left foot. The injured worker's diagnoses at that appointment included chronic myofascial pain syndrome, lumbar radiculopathy, and sprain injury of the right middle finger. The injured worker's treatment plan included an epidural steroid injection at the L5-S1 due to worsening pain and numbness in the bilateral lower extremities. A request for authorization form dated 11/10/2014 was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Lumbar epidural steroid injections at L5/S1 as an outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Chronic Pain: Table 2 Summary of Recommendations](https://www.acoempracguides.org/Chronic%20Pain%20Table%20Summary%20of%20Recommendations), Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12ed. McGraw Hill, 2010, Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm), drugs.com - Epocrates Online, [www.online.epocrates.com](http://www.online.epocrates.com). Monthly Prescribing references. [www.empr.com](http://www.empr.com) Opioids dose Calculator - AMDD Agency Medical Directors Group Dose Calculator, [www.agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov)

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

**Decision rationale:** The requested 1 Lumbar epidural steroid injections at L5/S1 as an outpatient is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend epidural steroid injection for injured workers who have radicular symptoms correlative with pathology identified on electrodiagnostic study or an imaging study that have failed to respond to conservative treatment. The clinical documentation does indicate that the injured worker has some radicular symptoms to include motor strength weakness and an inability to heel toe walk. However, there is no indication on the electrodiagnostic study that the injured worker has evidence of radiculopathy. There was no MRI submitted to support pathology that would produce radiculopathy. As such, the requested 1 Lumbar epidural steroid injections at L5/S1 as an outpatient is not medically necessary or appropriate.