

<b>Case Number:</b>	CM15-0116449		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 35 year old female, who sustained an industrial injury on 2/08/2012. Diagnoses include low back pain with disc protrusion, recurrent, status post lumbar surgery. Treatment to date has included diagnostics, epidural steroid injection (2/07/2013), surgical intervention (left L5-S1 hemilaminectomy and discectomy on 7/17/2013), H-wave therapy and anti-inflammatory and opioid medications. Magnetic resonance imaging (MRI) of the lumbar spine dated 5/14/2013 showed mild disc desiccation with a 3mm broad based left sided disc protrusion noted at L5-S1 which abuts but does not compress the ventral aspect of the thecal sac as well as the descending left S1 nerve root. Compared with the prior MRI dated 5/22/2012 there has been no significant interval change. The most recent MRI of the lumbar spine dated 10/20/2014 also shows no significant interval change. Per the Primary Treating Physician's Progress Report/RFA dated 5/05/2015, the injured worker reported low back pain that radiates to the bilateral knees and foot as well as pain that radiates to the thigh with a burning sensation. She is breastfeeding and therefore not currently taking Norco but takes Motrin for pain as needed. On examination, she is bending reasonably well to a forward flexion in an attempt to touch fingertips to floor she goes to about 4 inches below the knees. Lateral bending left and right, and extension cause her pain at endpoints. She has pain at L4-L5 and L5-S1 in the lumbar spine. The plan of care included, and authorization was requested for an L5-S1 lumbar spine epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 Lumbar spine epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 46.

**Decision rationale:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The physical exam and history is indicative of radiculopathy, but the imaging studies do not support nerve root compression. L5-S1 Lumbar spine epidural steroid injection is not medically necessary.