

<b>Case Number:</b>	CM15-0119493		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	04/28/2012
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Texas, Florida, 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 57 year-old female who sustained an industrial injury on 04/28/12. She reports back and bilateral leg pain. Diagnoses included chronic low back pain, and lumbar radiculopathy affecting left L5 and S1 nerve roots. Treatments to date include MRI, pain and anti-inflammatory medications, topical cream, lumbar brace, steroid injections, and a walking cane. In a progress noted dated 04/09/15, the injured worker reports low back pain with no significant change. She has been using her lumbar brace to help with function and is unemployed. She is very sensitive to nonsteroidal anti-inflammatory medication with severe gastric reaction. She had good response to lumbar injection. Physical examination reveals anterior flexion of the lumbar spine is 60 degrees; extension is 15 degrees. Anterior lumbar flexion and extension causes pain. She has a left antalgic gait. Right and left patellar deep tendon reflexes are absent. Right and left Achilles deep tendon reflexes are absent. Straight leg rising is positive on the right. Sensory is decreased at left L4, L5, and S1. Treatment recommendations include radiographic imaging of the lumbar spine, trial of different anti-inflammatory medications, and 2nd lumbar injection. Date of Utilization Review Determination Letter: 05/27/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection (ESI) no level specified: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 47 of 127.

**Decision rationale:** This claimant was injured in 2012 with chronic low back pain. There is alleged radiculopathy at left L5-S1. Treatments to date include MRI, pain and anti-inflammatory medications, topical cream, lumbar brace, steroid injections, and a walking cane. As of 4/09/15, the low back pain continues unchanged. Straight leg rising is positive on the right. Sensory is decreased at left L4, L5, and S1. Documentation of corresponding disc herniation is unknown. This would be a second ESI; the objective functional benefit out of the first is unknown. The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing is not met. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous ESI are unknown and do not meet this criterion. Further, the levels are not specified. Therefore, this request is not medically necessary.