

<b>Case Number:</b>	CM15-0122083		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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 was a 52 year old female, who sustained an industrial injury, June 3, 2013. The injured worker previously received the following treatments functional restoration program, lumbar spine MRI which showed a small herniation of L2-L3, Pantoprazole, Fluoxetine, Nabumetone, Gabapentin, Prozac, passive physical therapy and psychological services. The injured worker was diagnosed with left shoulder arthroscopic surgery, neck pain, cervicobrachial syndrome and recurrent depression. According to progress note of April 30, 2015, the injured worker's chief complaint was persistent back pain and mid thoracic pain with associated leg pain. The injured worker reported that the leg pain could be one leg or both legs. The injured worker had complaints of balance problems, poor concentration, memory loss, numbness and weakness. The physical exam noted normal muscle tone to the upper and lower extremities. The reflexes were 5 out of 5 in the lower extremities. The sensation was decreased in the dermatomes of left L3, left L4, Left L5 and left S1. There was sciatic notch tenderness on the left. On the right there was reproducible pain radiating down the left leg. There was significant tenderness over the lumbar paraspinal left gluteal and up to the mid thoracic region. The treatment plan included lumbar epidural steroid injection at L3-L4, L4-L5, L5-S1 with fluoroscopy guidance with epidurogram and intravenous sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection with epidurogram & IV sedation at L3-4, L4-5, L5-S1:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend nerve root block as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Submitted reports have demonstrated radicular findings, neurological deficits and remarkable diagnostics to support the nerve blocks; however, have not identified any failed conservative care or indication to support for three level blocks, beyond guidelines criteria limiting to no more than two levels for transforaminal and no more than one level for interlaminar blocks at one session. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure having completed a functional restoration program. Criteria for the epidurals have not been met or established. The Lumbar epidural steroid injection with epidurogram & IV sedation at L3-4, L4-5, L5-S1 is not medically necessary and appropriate.