

<b>Case Number:</b>	CM15-0126407		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	12/20/1990
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 74 year old female who sustained an industrial injury on 12/20/1990 which resulted from a fall. The injured worker diagnoses include L4-5 degenerative spondylolisthesis, multi-level lumbar degenerative disc disease status post lumbar fusion. Lumbar x-ray on 10/15/2014 showed L4-5 spondylolisthesis grade I-II. Lumbar MRI on 10/27/2014 showed multilevel degenerative disc and facet disease and prior lumbar fusion. Treatment to date has included diagnostics, physical therapy, lumbar fusion and medications. The provider's progress note dated 5/18/2015 the injured worker complained of continued low back pain and right sciatica. Exam noted tenderness to palpation in the L4-5 area and decreased lumbar range of motion. Lower extremity strength was 5/5 and sensation was intact from L2-S1 bilaterally. The treatment plan included L4-5 lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ESI (Epidural Steroid Injection) at L4-L5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 309-10, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Chronic Regional Pain Syndrome (sympathetic and epidural blocks) Page(s): 39-40, 46.

**Decision rationale:** The best medical evidence today for individuals with low back pain indicates that having the patient return to normal activities provides the best outcomes. Therapy should be guided, therefore, with modalities which will allow this outcome. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. As per the MTUS the present recommendation is for no more than 2 such injections, the second being done only if there is at least a partial response from the first injection. Its effects usually will offer the patient short-term relief of symptoms as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The MTUS provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination and corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. Even though the history is compatible with a possible radiculopathy, this is not supported by the exam, which is non-specific for a radiculopathy. Additionally, the degenerative changes in the lumbar spine noted on the lumbar MRI are non-specific and do not describe nerve impingement. Thus, the patient does not meet the criteria for this requested therapy. Medical necessity for this procedure has not been established. The request is not medically necessary.