

<b>Case Number:</b>	CM15-0175194		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	04/18/2002
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 56 year old female, who sustained an industrial injury on April 18, 2002. The injured worker was diagnosed as having chronic lower back pain with worsening radiculitis and post lumbar laminectomy syndrome. Treatment and diagnostic studies to date has included use of a cane, sacroiliac injection, epidural steroid injection, and medication regimen. In a progress note dated May 20, 2015 the treating physician reports complaints of constant numbness to the toes with the right worse than the left, weakness to the bilateral feet with the right worse than the left, positive radicular symptoms, and pain. Examination performed on May 20, 2015 was revealing for "exquisite" tenderness to the right sacroiliac joint, "minimal" tenderness to the lumbar spinous processes, decreased sensation to light touch, and decreased strength to the right peroneus muscle. On May 20, 2015 the treating physician noted that prior epidural steroid injection had "helped relieve" the injured worker's pain for approximately one month but did not indicate the injured worker's numeric pain level as rated on a visual analog scale. On July 08, 2015 the consulting physician noted an magnetic resonance imaging performed on February 06, 2012 that was revealing for a grade I anterolisthesis of the lumbar four to five with "severe" bilateral facet degeneration, "severe changes" of degenerative disc disease at lumbar four to five and lumbar five to sacral one with loss of disc space, disc bulge at lumbar three to four, "moderate" bilateral facet disease at lumbar three to four, and bilateral facet disease at lumbar two to three. On June 24, 2015, the treating physician requested an epidural steroid injection with the region unspecified, and did not indicate the specific reason for the requested treatment. On August 04, 2015, the Utilization Review determined the request for a lumbar epidural steroid injection to be non-certified.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lumbar epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** In this case, the claimant had prior MRI years ago. There was no mention of spinal cord impingement. In addition, the prior ESI resulted in only a month of relief. The ACOEM guidelines do not support ESI due to their short-term benefit. A recent MRI was request to correlate symptoms but no report is available. The level of intervention was not defined. The request for the ESI is not medically necessary.