

<b>Case Number:</b>	CM15-0178773		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	04/06/2015
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old female, who sustained an industrial injury on April 06, 2015. The injured worker was diagnosed as having degenerative disc disease spondylolisthesis at lumbar three to four, degenerative disc disease at lumbar three to four, lumbar four to five, and lumbar five and sacral one, spinal stenosis, and radiculopathy. Treatment and diagnostic studies to date has included medication regimen, chiropractic therapy, physical therapy, x-ray of the lumbar spine, and magnetic resonance imaging of the lumbar spine. In a progress note dated August 14, 2015 the treating physician reports complaints of constant, "severe" pain to the back that radiates to the lower extremities. Examination on August 14, 2015 was revealing for decreased lumbar range of motion. On August 14, 2015 the injured worker's pain level was rated a 10 out 10. On August 14, 2015, the treating physician noted magnetic resonance imaging of an unknown date that was revealing for spinal stenosis at lumbar four to five and lumbar three to four and an x-ray of the lumbar spine of an unknown date that was revealing for degenerative scoliosis, bone-on-bone collapse at lumbar five to sacral one with spondylolisthesis at lumbar three to four. During the visit on August 14, 2015, the treating physician noted that except for the medication Dilaudid, the injured worker's medications do not alleviate her pain. On August 14, 2015 the treating physician requested a lumbar epidural at lumbar three to four with a quantity of one due to spondylolisthesis, spinal stenosis, and radicular complaints. On August 27, 2015, the Utilization Review determined the request for a lumbar epidural at lumbar three to four with a quantity of one to be non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-4 epidural, quantity: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The claimant sustained a work injury in April 2015 due to repetitive work and driving while working as a child behavior interventionist. The requesting provider saw her for an initial evaluation on 08/14/15. She had a complaint of back pain. Prior treatments had included medications, physical therapy, and chiropractic care. Physical examination findings included appearing in significant distress. There was limited lumbar spine range of motion with no reported motor or sensory deficit. Authorization for a lumbar epidural injection was requested. An MRI of the lumbar spine in July 2015 included findings of multilevel spondylosis with a left lateralized L5/S1 disc osteophyte complex with impingement of the left L5 nerve root and left S1 nerve root contact. There was mild canal stenosis at L3/4 and a disc protrusion at L4/5. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy. There were no radicular complaints when the request was made. An epidural steroid injection is not considered medically necessary.