

<b>Case Number:</b>	CM15-0042006		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	01/25/2012
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: Emergency 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 49 year old female who sustained an industrial injury on 11/25/12. Initial complaints and diagnoses are not available. Treatments to date include right shoulder surgery, medications, physical therapy, and several lumbar epidural steroid injections. Diagnostic studies include a MRI of the lumbar spine. Current complaints include neck, right shoulder, low back pain, and numbness in the feet and hands. Current diagnoses include cervical spine disc protrusion with degenerative disc disease and lumbar spine pain with herniated disc. Objective exam of lumbar spine notes decreased range of motion and pain on palpation. There is documentation of normal motor strength and decreased L5-S1 dermatomal sensation. Patient received lumbar epidural steroid injection on 11/20/14. MRI of lumbar spine dated 1/20/15 revealed 3.5mm protrusion at L4-5 with mild thecal sac indentation. Degeneration of L5-S1 with broad based bulge. In a progress note dated 01/20/15 the treating provider reports the plan of care as lumbar and cervical epidural steroid injections. The requested treatment is a lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection (ESI), Lumbar: Upheld**

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

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

**Decision rationale:** As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. Documentation states that reason for LESI is to decrease pain to prevent need for surgery. Meets criteria. 2) Unresponsive to conservative treatment. Patient has had significant conservative care with minimal improvement. Meets criteria. 3) Patient had a reported LESI in the past. UR reports up to 5 but review of records show last LESI was performed on 11/20/14. MTUS guidelines recommend during therapeutic phase that after 1st injection, pain relief of over 50% should last for up to 6-8 weeks. There is no documentation of appropriate improvement with prior reported LESI. There is only documented subjective claims of improvement but no documentation of any improvement in function or pain. Patient fails criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.