

<b>Case Number:</b>	CM15-0064101		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	03/13/2000
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Texas, 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 64 year old female with an industrial injury dated March 23, 2000. The injured worker diagnoses include lumbar radiculopathy, L4-5, L5-S1 herniated nucleus pulposus with stenosis, bilateral knee pain and right knee total knee arthroplasty on September 2014. She has been treated with diagnostic studies, prescribed medications, 16 treatments of physical therapy, activity modifications and periodic follow up visits. According to the progress note dated 2/05/2015, the injured worker report low back pain radiating down the right lower extremity to the right knee with associated numbness and tingling in L5 distribution. Objective findings revealed antalgic gait, positive straight leg raise on the right, and decreased sensation in the L5 distribution. The treating physician prescribed services for L4-5 and L5-S1 lumbar epidural steroid injection. The patient's surgical history includes right shoulder arthroscopy in 12/2014. The patient has had MRI of the lumbar spine on 1/2/2015 that revealed disc bulge with stenosis. The medication list includes Motrin, meloxicam, Oxycontin, Percocet, Tramadol, gabapentin and Flexeril. The patient has had EMG/NCV of the bilateral LE that was normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 and L5-S1 Lumbar Epidural Steroid Injection:** Upheld

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

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

**Decision rationale:** Request: L4-5 and L5-S1 Lumbar Epidural Steroid Injection. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Consistent objective evidence of lower extremity radiculopathy was not specified in the records provided. The patient has had EMG/NCV of the bilateral LE that was normal. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. Patient has received 16 treatments of physical therapy for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, the request above is not medically necessary.