

<b>Case Number:</b>	CM15-0095759		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	12/11/2007
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Physical Medicine & Rehabilitation

### 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 55 year old female who sustained an industrial injury on 12/11/2007. Current diagnoses include lumbago, chronic pain syndrome, muscle spasms, muscle weakness, constipation, and insomnia. Previous treatments included medication management, facet injections, nerve ablation, and lumbar surgery. Report dated 03/12/2015 noted that the injured worker presented with complaints that included lumbar pain, muscle spasms, and muscle weakness along with numbness and tingling. Pain level was 5 out of 10 on a visual analog scale (VAS). Physical examination was positive for limited range of motion in flexion and extension, and pain with palpation of lumbar spine. The treatment plan included continuing current medications, educating and discussing symptoms, and following up in two months. Disputed treatments include lumbar epidural steroid injection, L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection, L4-L5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI  
Page(s): 46-47.

**Decision rationale:** Per the 04/13/15 report the requesting physician states that the patient presents with ongoing pain in the lower back s/p PLD and s/p RFA with temporary relief on 03/04/15. The patient's listed diagnoses include Lumbar foraminal stenosis left L4-L5. The current request is for LUMBAR EPIDURAL STEROID INJECTION L4-L5 per the 04/13/15 RFA that is included. The reports do not state if the patient is currently working. MTUS pages 46 and 47 state that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed. For the therapeutic phase, repeat blocks should be based on continued documented pain and functional improvement. The treating physician cites an MRI date unknown showing L4-5 foraminal narrowing and left L4 nerve root contact. This study is not included for review. Examination reveals tenderness over the paraspinal muscles; however, the recent reports provided for review provide no clinical evidence of radicular symptoms for this patient. SLR is negative and examination of the lower extremities shows sensation is intact to light touch bilaterally. Lacking evidence of radiculopathy for this patient, the request IS NOT medically necessary.