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| <b>Case Number:</b>   | CM15-0098469 |                              |            |
| <b>Date Assigned:</b> | 05/29/2015   | <b>Date of Injury:</b>       | 09/28/2013 |
| <b>Decision Date:</b> | 08/11/2015   | <b>UR Denial Date:</b>       | 05/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/21/2015 |

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58 year old female, who sustained an industrial injury on 09/28/2013. She has reported injury to the low back. The diagnoses have included lumbago; lumbar spine strain; and degenerative disc disease lumbar spine with left radiculopathy. Treatment to date has included medications, diagnostics, injection, and physical therapy. Medications have included Tramadol, Naprosyn, Celebrex, TramCap C, and Baclofen. A progress report from the treating physician, dated 02/03/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the lower back and left leg to the toes; the pain is constant and is stabbing and burning; the pain is improved with resting and with medications; in the last month, her pain level has been as high as a 9, and as low as a 4, on a pain scale from 0 to 10; when she take the pain medication, the pain level drops at least 2 points over 10; her pain makes it difficult for her to perform activities of daily living; she has been having some swelling in her left leg; she has muscle pain and numbness; and when she takes the medication, she can walk farther, and perform activities longer. Objective findings included palpable tenderness over the lumbar spine, exquisitely at the L5-S1 region; palpable tenderness to the left lower paraspinous musculature; she moves rather poorly in changing positions; she has mild 1+/4 edema to the lower leg and ankle; and lumbar flexion and extension are decreased. The treatment plan has included the request for outpatient epidural injection of lumbar spine L4-L5 or L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient epidural injection of lumbar spine L4-5 or L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** Outpatient epidural injection of lumbar spine L4-5 or L5-S1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate clear physical exam findings of radiculopathy in the proposed area for epidural steroid injection. For this reason, the request for epidural steroid injection is not medically necessary.