

<b>Case Number:</b>	CM14-0143588		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/16/2011
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57 year old female who was injured on 11/16/11 when she tripped and fell. The carrier has accepted the left knee, low back and neck. Records reference an MRI of the lumbar spine dated 02/11/13 which reportedly revealed a disc extrusion in the right neural foramen at L4-5 with significant potential for impingement on the exiting right L4 nerve root. An evaluation report dated 08/22/13 notes that the injured worker had suffered a previous injury in 2008 for which she had been receiving lumbar epidural steroid injections. The number of previous injections is not noted. The examining provider includes a request for an epidural injection at L4-5. Clinical note dated 03/12/14 states the injured worker presented with a Panel QME report dated 01/21/81 found the injured worker to be permanent and stationary and apportioned a 50% Whole Person Impairment rating with regard to the injured worker's lumbar spine. Per clinical note dated 07/02/14, the claimant's pertinent complaint is that of low back pain which radiates into the bilateral lower extremities. Physical examination on this date reveals no tenderness at the lumbar spine or bilateral lumbar paraspinal regions. Seated SLR is negative bilaterally. Examination of the bilateral lower extremities notes that DTRs are 2+/4 and symmetrical, muscle strength is 5/5 in all major muscle groups and sensation to light touch is grossly intact. A request for a lumbar epidural injection at L4-5 was submitted on 07/23/14. This request was modified by Utilization Review dated 08/04/14 to allow for certification of a right lumbar epidural injection of L4-5. This is an appeal request for a lumbar epidural injection at L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL INJECTION OF L4-5 QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

**Decision rationale:** The request for a lumbar epidural injection of L4-5 is not recommended as medically necessary. This request was previously modified to allow for certification of a right sided lumbar injection at L4-5. Records reference an MRI of the lumbar spine which demonstrated possible impingement of the Right exiting nerve roots at L4-5. As such, the modification of this request to direct the treatment to the right side of the L4-5 level was appropriate while medical necessity of a lumbar epidural injection of L4-5 is not established.