

<b>Case Number:</b>	CM13-0014958		
<b>Date Assigned:</b>	10/04/2013	<b>Date of Injury:</b>	09/09/2011
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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 applicant reported an industrial injury on July 8, 2012 resulting in chronic low back pain. Thus far, the applicant has been treated with the following: analgesic medications, a functional capacity evaluation, one epidural steroid injection in 2012, and an electrodiagnostic testing on May 7, 2012 which showed L5-S1 radiculopathy. A January 17, 2013 progress note states that the applicant did have a previous epidural steroid injection and reportedly did have pain relief as a result of this intervention. The applicant does have diminished sensorium about the left S1 distribution with some decreasing sensorium noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Epidural Steroid Injection at Left L5: Overturned**

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

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include evidence of clinically evident, radiographically and/or electrodiagnostically confirmed radiculopathy. In this case, the

applicant does have clinical evident and electrodiagnostically confirmed radiculopathy. The applicant's loss of left lower extremity strength and left lower extremity hypo-sensorium, coupled with the positive findings noted on EMG testing, do suggest that the applicant has clinically active radiculopathy for which a repeat epidural steroid injection block is indicated. The applicant's favorable response to a previous epidural steroid injection block in 2012 resulted in several months of lasting pain relief. Therefore, a repeat block is endorsed and the request is certified.