

<b>Case Number:</b>	CM14-0157609		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of work injury occurring on 07/24/13 when, while working as a Deputy Probation Officer, she sustained injuries to the mid and lower back and buttocks and right ankle while breaking up an altercation. Treatments included physical therapy. As of 03/24/14, she had completed 16 treatment sessions without improvement. She was having pain rated at 5/10 and tingling into her left leg. She had decreased left lower extremity strength. She was seen by the requesting provider on 04/02/14. She was having back pain radiating into the left leg and buttock. Physical examination findings included decreased lumbar spine range of motion with a mildly positive left sitting straight leg raise and decreased left lower extremity sensation. Electromyography (EMG)/Nerve Conduction Study (NCS) testing on 04/18/14 included findings of an active on chronic left S1 radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to pain management for epidural steroid injection at the L5-S1 level:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation

**Decision rationale:** There is more than one year status post work-related injury and continues to be treated for radiating low back pain. The treating provider documents positive straight leg raising with decreased left lower extremity strength and sensation and EMG/NCS testing on 04/18/14 included findings of an active on chronic left S1 radiculopathy. Treatments have included physical therapy with ongoing symptoms. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant's condition is consistent with lumbar radiculopathy with symptoms, physical examination findings, and EMG/NCS results consistent with this diagnosis. Therefore requesting a referral to pain management for an epidural steroid injection at the L5-S1 level is medically necessary.