

<b>Case Number:</b>	CM14-0159224		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Occupational 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:

This injured worker is a 55 year old man who was involved in a work related injury from 8/11/11. The injured worker had a lumbar injury. There is a note from 8/12/14 noting that the injured worker had ongoing low back pain with a complaint of pain radiating to both lower extremities. A comment was made that the injured worker is waiting for a second epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection L4-5, L5-S1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

**Decision rationale:** The note from 7/29/14 indicates heretofore unknown information. The physician states the injured worker has focal neurological deficits with great toe extension and flexion. The injured worker has had an magnetic resonance imaging scan which shows disc protrusions leading to effacement of the left and right exiting nerve roots at L4. Electrodiagnostic testing results showed chronic radiculopathy. The injured worker had 50 % reduction in pain

after the first epidural injection, which lasted for months. Given this, the request for another lumbar epidural steroid injection is acceptable and considered medically necessary. In the 7/29/14 note, the treating physician makes a reference to all of the prior points made in a utilization review event. This contradicted all prior reports with new data (i.e. he comments on new magnetic resonance imaging findings, new electromyography findings and subjective response to the first epidural steroid injection). Given all of this new data, the requested injection is supported.