

<b>Case Number:</b>	CM14-0187509		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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, 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 the work injury occurring on 06/13/13 when she lost her balance and fell while carrying trays. Testing included an magnetic resonance imaging (MRI) of the lumbar spine in August 2013 with findings including multilevel disc degeneration with left lateralization at L4-5 and L5-S1 including left L5 nerve root compression. Treatments included physical therapy. As of 04/30/14 she had completed 12 treatment sessions. She was seen by the requesting provider on 05/08/14. She was having low back pain radiating into the left lower extremity. Physical examination findings included a positive left straight leg raise. There was normal strength and reflexes Electromyogram (EMG) and Nerve Conduction Velocity (NCV) testing on 08/26/14 showed findings consistent with a mild to moderate chronic left L5 radiculopathy. She was seen again by the requesting provider on 10/20/14. She was having ongoing pain radiating into the left lower extremity. Physical examination findings included lumbar spine tenderness with positive left straight leg raise. There was decreased left lower extremity sensation. Test results were reviewed. Authorization for an epidural injection was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L5-S1 epidural steroid injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines medical treatment guidelines, California code of regulations, titl.

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

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic radiating low back pain. Testing has included a magnetic resonance imaging (MRI) of the lumbar spine and Electromyogram (EMG) and Nerve Conduction Velocity (NCV) Studies. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In tis case, the claimant's provider documents decreased lower extremity sensation with positive neural tension signs and imaging and EMG/NCS have shown findings consistent with the presence of radiculopathy. Prior conservative treatments have included physical therapy and medications. This request is for an epidural steroid injection to be performed under fluoroscopy. The criteria are met and the requested epidural steroid injection is therefore considered medically necessary.