

<b>Case Number:</b>	CM14-0199410		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	06/28/2011
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/28/2014

### 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 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 a work injury occurring on 08/28/11 when, while working in a recycling factory, he developed low back and bilateral leg pain. Treatments included physical therapy, acupuncture, and medications. An MRI of the lumbar spine on 10/14/14 showed findings of L4-5 and L5-S1 disc degeneration with disc protrusions and varying degrees of bilateral foraminal narrowing. He was seen on 08/18/14. He was having worsening back and lower extremity pain. He had a limited walking tolerance. Physical examination findings included decreased lumbar spine range of motion. Medications included hydrocodone/acetaminophen and Naprosyn. Authorization for a surgical evaluation was requested. He was seen for the evaluation on 10/27/14. He was having left knee, low back, and bilateral leg pain. His history of treatments was reviewed. Physical examination findings included a slightly antalgic gait. He had lumbar paraspinal muscle and sacroiliac joint pain. There was decreased lumbar spine range of motion. There was positive straight leg raising bilaterally and strength was rated at 5-/5. Imaging results were reviewed. Recommendations included epidural steroid injections prior to further consideration of surgery. On 11/12/14 pain was rated at 7/10. He was performing a home exercise program and reporting his symptoms as worsening. Medications were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral transforaminal epidural steroid injection at L4-L5 and L5-S1 with IV sedation and fluoroscopic guidance with epidurogram: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation MEDSCAPE: WEBMD 2003

**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 3 years status post work-related injury and continues to be treated for chronic radiating low back pain. 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 this case, the claimant's provider documents slightly decreased lower extremity strength with positive neural tension signs and imaging has shown findings of L4-5 and L5-S1 disc degeneration with disc protrusions and varying degrees of bilateral foraminal narrowing. Treatments have included physical therapy with an ongoing home exercise program, acupuncture, and medications. Surgery is being considered. This request is for an epidural steroid injection to be performed under fluoroscopy with sedation. The criteria are met and the requested epidural steroid injection is therefore considered medically necessary.