

<b>Case Number:</b>	CM15-0103021		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	11/03/2001
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker (IW) is a 43-year-old male who sustained an industrial injury on 11/03/2001. Diagnoses include chronic pain syndrome and lumbar post laminectomy syndrome. Treatment to date has included medications, activity modification, injections and spinal fusion at L5-S1. According to the progress notes dated 4/14/15 the IW reported constant burning, tingling in the low back with radiation down the bilateral lower extremities with associated numbness. Previous injections were significantly helpful. He indicated activities of daily living were improved by his medication. He reported Lyrica or Nucynta caused gastritis, so he stopped taking them. On examination there was tenderness of the left and right L4 paraspinal regions. Sensation was decreased bilaterally on the lateral leg, dorsum of the foot, sole of the foot and the posterior leg in the L5-S1 distributions. Straight leg test was negative bilaterally. A request was made for lumbar epidural steroid injection of the L3-L4 or L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection of the L3-L4 or L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The patient has persistent low back pain with pain and numbness reported in both lower extremities. The current request is for lumbar epidural steroid injection at L3-L4 or L4-L5. CA MTUS does recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The records indicate there has been no change in the patient's condition since August of 2014. Furthermore, the MTUS guidelines require corroborative findings of radiculopathy between physical exam findings and imaging studies and/or electrodiagnostic studies. In this case, there are no MRI findings or electrodiagnostic studies to corroborate the physical exam findings of radiculopathy. As such, the request is not medically necessary.