

<b>Case Number:</b>	CM15-0137672		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	01/14/2008
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 32 year old male sustained an industrial injury to the low back on 1/14/08. Magnetic resonance imaging lumbar spine (6/2013) showed left disc extrusion at L2-3 and severe bilateral facet hypertrophy at L4-5 and L5-S1. Previous treatment included physical therapy, chiropractic therapy, medial branch block, epidural steroid injections, trigger point injections, home exercise and medications. In a progress report dated 6/18/15, the injured worker complained of continuing right sided low back pain with right leg radicular symptoms. Physical exam was remarkable for lumbar spine with limited range of motion, positive right straight leg raise and good strength with normal reflexes to bilateral lower extremities. The physician noted that the injured worker's last epidural steroid injection was over two years ago and provided 70% relief for three to six months, allowing him to continue working and reduce his medications. Documentation did not disclose the location of previous epidural steroid injection. The treatment plan included requesting authorization for lumbar epidural steroid injections at right L4, continuing home exercise and continuing medications (Norco and Flexeril).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection right L4:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

**Decision rationale:** Regarding the request for Epidural steroid injection right L4, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, the requesting physician has identified subjective complaints and objective findings supporting a diagnosis of radiculopathy. The MRI corroborates the subjective complaints and objective findings. There is also identification that the patient has failed reasonable conservative treatment measures. Finally to identify analgesic efficacy and objective functional improvement for over 3 months following the previous epidural injection. As such, the currently requested Epidural steroid injection right L4 is medically necessary.