

<b>Case Number:</b>	CM15-0144390		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	03/02/2011
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Massachusetts

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:

The injured worker is a 55 year old male, who sustained an industrial injury on 3-2-11. The injured worker has complaints of neck and low back pain. The documentation noted decreased sensation left L4 and L5 dermatomes. The diagnoses have included lumbar disc herniations with neural foraminal narrowing; lumbar radiculopathy and cervical disc herniations with stenosis. Treatment to date has included norco; tramadol; ultracet; gabapentin; physical therapy; magnetic resonance imaging (MRI) of the lumbar spine on 10-31-14 showed transitional vertebra is taken as L5 for diagnostic interpretation and early disc desiccation is noted at L3-4 level and magnetic resonance imaging (MRI) of the cervical spine on 10-31-14 showed straightening of the cervical spine seen. The request was for Pain Management Treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Treatment:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Chronic pain programs (functional restoration programs).

**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 sustained a work injury in March 2011 and continues to be treated for neck and low back pain. Being requested is authorization for bilateral transforaminal lumbar epidural steroid injections. Prior treatments have included physical therapy and medications. When seen, complaints included radiating low back pain into both legs. Physical examination findings included decreased lumbar spine range of motion. There was decreased lower extremity strength and sensation. An MRI of the lumbar spine included findings of multilevel foraminal narrowing and stenosis with nerve encroachment at L4-5. 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 decreased lower extremity strength and sensation and imaging is reported as showing findings consistent with radiculopathy. The requested epidural steroid injection is medically necessary.