

<b>Case Number:</b>	CM15-0148771		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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:

The injured worker is a 33 year old male, who sustained an industrial injury on July 09, 2012. The injured worker reported working on his hands and knees and when he stood up he noted a pinching pain to the low back along with difficulty getting up. The injured worker was diagnosed as having lumbosacral degenerative disc disease and sciatica. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, medication regimen, physical therapy, and x-rays of the lumbar spine. In a progress note dated June 29, 2015 the treating physician reports complaints of pain to the back, hip, and leg with occasional weakness and numbness to the dorsum of the left foot and left lateral lower leg with tripping. Examination reveals weakness to the left anterior tibialis and the left extensor hallucis longus and sensory changes at lumbar five dermatomal distributions. The treating physician also noted magnetic resonance imaging of an unknown date that was remarkable for degenerative disc disease at lumbar four to five with minimal bulging with the left worse than the right. The treating physician requested an epidural steroid injection with the treating physician noting the injured worker's weakness of the leg and a request for an electromyogram with a nerve conduction study of the lower extremity to determine the severity of the injured worker's radiculopathy to also determine if the injured worker would benefit from a single epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ESI:** Upheld

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

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

**Decision rationale:** Regarding the request for Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested Lumbar epidural steroid injection is not medically necessary.