

<b>Case Number:</b>	CM15-0163324		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	06/08/2009
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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 is a 60 year old female, who sustained an industrial injury on 6-8-2009. The mechanism of injury is unknown. The injured worker was diagnosed as having low back pain and left shoulder pain. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, acupuncture and medication management. In a progress note dated 7-23-2015, the injured worker complains of back pain radiating to the left leg, rated 6-7 out of 10. Physical examination showed limited lumbar range of motion. The treating physician is requesting lumbar interlaminar epidural steroid injection at lumbar 5-sacral 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar interlaminar epidural steroid injection at L5-S1: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The patient presents with back pain radiating to the left buttock down into the left leg at the level of the knee. The current request is for Lumbar Interlaminar ESI at L5-S1. The treating physician's report dated 07/23/2015 (7B) states, "There is limited spine range of motion in both flexion and extension. MRI reveals bilateral neuroforaminal stenosis at L3-L4, L4-L4 and L5-S1." No MRI reports were made available for review. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. The medical records do not show any prior ESI. The treatment report dated 07/23/2015 does not show any motor or sensory deficits in the affected area. However, the physician has noted back pain with radiating symptoms in a specific dermatomal pattern. Furthermore, the MRI showed stenosis at L5-S1. In this case, the physician has satisfied the requirements based on the MTUS Guidelines. The current request is medically necessary.