MAXIMUS Federal Services

| Case Number: | CM15-0164116 | | |
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| Date Assigned: | 09/01/2015 | Date of Injury: | 06/08/2006 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 07/22/2015 |
| Priority: | Standard | Application Received: | 08/21/2015 |

## 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: Family Practice

## 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 42 year old male, who sustained an industrial injury on 6-8-06. The injured worker has complaints of low back pain radiating to posterolateral bilateral lower extremity with tingling and numbness to bilateral bid and 2nd toe. The diagnoses have included lumbar disc with radiculitis; degeneration of lumbar disc and low back pain. Treatment to date has included lumbar epidural steroid injection; Gabapentin; Flexeril Tramadol; Lidoderm patch; butrans patch; naproxen; wellbutrin; magnetic resonance imaging (MRI) of the lumbar spine on 4-21-15 showed at the L5-S1 (sacroiliac) disc level, there's been interval decrease in discal height, terminal development of right-sided plate degenerative changes and mild involution of a previously described central annular tear, a small central annular tear remains, there is been interval cartilage loss at the left L5-S1 (sacroiliac) facet joint and physical therapy. The request was for 2 lumbar epidural steroid injections at the levels of L4-L5.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Lumbar epidural steroid injections at the levels of L4-L5:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for the use of Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45-46.

**Decision rationale:** Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. The injured worker is note to have positive imaging findings corroborated with subjective and objective examination findings. The injured worker has failed conservative therapy. Past injections have been efficacious. The request is for 2 epidurals to be performed for right L4-5 and left L4-5. The request for 2 Lumbar epidural steroid injections at the levels of L4-L5 is medically necessary and appropriate.