

<b>Case Number:</b>	CM15-0168275		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	04/21/2010
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 47 year old male, who sustained an industrial injury on April 21, 2010. The injured worker was diagnosed as having lumbar radiculopathy. Currently, the injured worker complains of low back pain with radiation of pain to the right lower extremity along the posterior aspect to the sole of the foot and all toes. The injured worker had previous lumbar surgery and reported relief for eight weeks post-operatively. He then experienced a return of pain. On physical examination the injured worker has hyperflexia on the right and decreased paresthesia over the left sacroiliac region on the left. His dorsal-plantar flexion was weak on the right side and he had positive bilateral straight leg raise. The documentation reveals the injured worker reports numbness, tingling and burning in the right lower extremity with no improvement in these symptoms. The documentation provided for review did not include recent diagnostic imaging of the lumbar spine. Treatment to date has included lumbar laminectomy and discectomy on July 23, 2012, NSAIDS, opioid medications, and intramuscular NSAID injection. A request for a lumbar epidural steroid injection was received on August 4, 2015. The Utilization Review physician determined that the lumbar epidural steroid injection was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46.

**Decision rationale:** The claimant sustained a work injury in April 2010 and underwent lumbar spine surgery in 2013 with relief of pain lasting for eight weeks before it returned. When seen, he was having back pain radiating into the right lower extremity. When seen, there was an absent right ankle reflex and decreased right ankle strength. There was decreased left lower extremity sensation. Straight leg raising was positive. An MRI of the lumbar spine in January 2013 is reported as showing postoperative scarring affecting the right S1 nerve root. Authorization for a lumbar epidural steroid injection is being requested. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased right lower extremity strength and lower extremity sensation with positive straight leg raising and decreased ankle reflex. Imaging is reported as showing post-operative findings consistent with the claimant's right lower extremity radicular complaints and physical examination findings. An epidural steroid injection is appropriate and medically necessary.