

<b>Case Number:</b>	CM15-0168354		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/07/2015
<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 54 year old male, who sustained an industrial-work injury to the low back on 6-8-12. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, lumbar spinal stenosis, and persistent right lumbar radiculopathy with stenosis, thoracic-lumbosacral neuritis-radiculitis, and lumbar disc disorder. Medical records dated (3-6-15-7-31-15) indicate that the injured worker complains of lumbar, sacroiliac, sacral, pelvic, and bilateral leg pain. The low back pain radiates to the buttocks and hips. The pain is rated 4-8 out of 10 on the pain scale. The medical records also indicate that activities of daily living (ADL) make the symptoms worse. Per the treating physician report dated 7-31-15 notes that the injured worker is temporarily totally disabled for 45 days. The physical exam dated from (3-6-15 to 7-31-15) reveals that lumbar range of motion is decreased with flexion and extension, there is a positive straight leg raise bilaterally, and deep tendon reflexes have hyperreflexia bilaterally. There are muscle spasms palpable in the spinous process with the injured worker lying relaxed and prone. Treatment to date has included pain medication, lumbar surgery 12-12-12 and 9-2014, physical therapy, aquatic therapy, lumbar epidural steroid injections (ESI) in 2012 beneficial for only about 2 weeks, off of work, urine drug screen, and other modalities. It was noted in the medical record dated 6-8-15 that a Magnetic resonance imaging (MRI) of the lumbar spine was done. The physician notes that it "revealed a herniated disc." A computed tomography (CT) scan of the lumbar spine that was dated 1-7-15 was noted to be done in the record dated 6-8-15. The treating physician states that it shows "right lateral recess stenosis." It was noted in the progress note dated 6-8-15 that an EMG-NCV (electromyography and nerve conduction velocity) test of the bilateral lower extremities was performed and the physician notes that the injured worker was told that it revealed nerve damage. It was also noted that there

were X-rays of the lumbar spine done. There are no diagnostic reports noted in the records. The original Utilization review dated 8-7-15 denied a request for Epidural steroid injection times 3 as the physical exam was not consistent with an objective focal neurological deficit that would cause concern for neural compromise or radiculopathy stemming from the lumbar spine. It was also stated that the injured worker had failed epidural steroid injection (ESI).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Epidural steroid injection 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The claimant sustained a work injury in June 2012 and is being treated for bilateral low back, sacroiliac, pelvic, buttock, and lower extremity pain. He has numbness and tingling of the right foot. He underwent a lumbar decompression in 2012 and a lumbar fusion in 2014. When seen, his BMI was nearly 30. There was positive straight leg raising and decreased lumbar range of motion. A series of epidural injections 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, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy. A series of three injections is not recommended. The requested epidural steroid injections are not medically necessary.