

<b>Case Number:</b>	CM15-0181018		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	06/09/2009
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Arizona, 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 67 year old male who sustained an industrial injury on June 09, 2009. A recent primary treating office visit dated August 10, 2015 reported "he has been working full duty but with increasing pain in his lower back and both legs." Objective assessment noted the lumbar spine revealed range of motion allowing for flexion of 70 degrees with forward reach to the mid shin. The following diagnoses were applied to this visit: L4-S1 anterior lumbar interbody fusion December 12, 2011; L3-4 disc herniation and stenosis, and bilateral L3-4 radicular symptoms and findings. There is recommendation for light duty work; epidural injection administration with possible surgical intervention. Follow up in July 2015 reported standing recommendation for epidural injection lumbar region with unchanged subjective and objective data. On July 20, 2015, he underwent initial pain management evaluation that reported current subjective complaint of: low back pain with radiation to the hips and buttocks; right lower extremity pain at right foot; difficulty sleeping. The following diagnoses were applied to this visit: lumbar strain fusion L4-5 and L5-s1; lumbar strain myofascial pain syndrome; lumbar disc displacement, and lumbar radiculopathy. The plan of care is with recommendation for: random urine drug screen; administration of lumbar epidural injection L3-4 and prescribed the following medications: Tylenol #3, and Flexeril. On August 10, 2015, a request was made for the administration of an L3-4 epidural injection, which noted with denial due to the provided medical records did not show sufficient evidence of necessity of service. There was insufficient documentation of clinical examination as per the guidelines regarding radiculopathy; therefore, not meeting medical necessity or appropriateness of request.

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

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

**L3-L4 epidural steroid injection:** Overturned

**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:** In this case, the claimant does have weakness in the L3-L4 distribution. The pain level is high. Degenerative changes and prior fusion history indicate likelihood of nerve root irritation. The request for an ESI is appropriate and medically necessary.