

<b>Case Number:</b>	CM15-0181795		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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:

This is a 45 year old male with a date of injury on 6-18-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar discogenic pain syndrome and chronic low back pain with radiating pain into both lower extremities. Medical records (4-27-2015 to 8-6-2015) indicate ongoing low back pain radiating into both lower extremities. According to the progress report dated 7-6-2015, the injured worker complained of pain rated six out of ten. The physician noted "has signs of spinal stenosis with neurogenic claudication." The progress report was hand-written and difficult to decipher. It was noted that past chiropractic treatment was not helpful. Per the treating physician (8-6-2015), the injured worker was to remain off work. The physical exam (4-27-2015) of the lumbar spine revealed tenderness to palpation, more prominent at L4-5 and L5-S1 facet joints on both sides. There was marked limitation of range of motion. Treatment has included physical therapy, chiropractic treatment, acupuncture and medications. The physician noted (8-3-2015) that magnetic resonance imaging (MRI) showed disc bulges with severe hypertrophy of the facet joints and the ligamentum flavum resulting in moderate amount of spinal stenosis. The original Utilization Review (UR) (9-9-2015) denied a request for lumbar epidural steroid injection at L4-5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection L4-L5, L5-S1: 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 2014 and is being treated for knee pain and radiating low back pain. Arthroscopic meniscectomies were done on the right in January 2015 and on the left in April 2015. An MRI of the lumbar spine on 05/27/15 included findings of disc protrusions at L4/5 and L5/1 with minimal to mild bilateral foraminal and canal stenosis. When seen, there had been a decent amount of improvement after 12 acupuncture sessions. There was increased pain with walking and neurogenic claudication most of the time at 4 - 6 blocks. Physical examination findings included lumbar spine tenderness with decreased range of motion. Straight leg raising was limited bilaterally with mostly left L5 nerve root involvement. L5 motor and sensory deficits are referenced. 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 lower extremity strength and sensation with positive straight leg raising. However, there is no neural compromise identified by MRI with only up to minimal stenosis and no left lateralized findings are described. The claimant is noted to have recently undergone left knee surgery which would account for his greater left sided symptoms. Although a two level procedure is being requested which would be done using a transforaminal approach and treating two levels is consistent with the number of levels recommended, whether a bilateral or single-sided procedure is being requested is not specified. The requested epidural steroid injection is not considered medically necessary.