

<b>Case Number:</b>	CM15-0184471		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	07/03/2014
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 46 year old male, who sustained an industrial injury on 7-3-14. The injured worker was being treated for lumbar spine degenerative disc disease, lumbar disc protrusion with right lower extremity radiculopathy, and lumbar spine stenosis. On 7-7-2015, the injured worker reported ongoing low back pain with right leg radicular symptoms, which was rated 6-8 out of 10. He reported pain in the hips, knees, and ankles, which was rated 6 out of 10. Associated symptoms include weakness, numbness, locking, grinding, giving way, and swelling in his whole body. The physical exam revealed tenderness to palpation of the lumbar spine, a negative right straight leg raise, no spasms, and a lack of 10 degrees of range of motion in all planes. On 3-30-2015, electromyography and a nerve conduction study revealed bilateral chronic lumbosacral polyradiculopathy affecting the right L4-S1 (lumbar 4-sacral 1) and left L4-5 (lumbar 4-5) nerve roots. Per the treating physician (7-7-2015 report), an MRI of the lumbar spine from 1-28-2015 revealed moderate lordotic exaggeration from L4-S1, mild to moderate disc degeneration at L3-4 (lumbar 3-4), and mild disc degeneration at L3-4 and L4-5. There was mild left foraminal stenosis at L4-5. There was no frank disc extrusion or central canal stenosis throughout the study. Treatment has included physical therapy, chiropractic therapy, off work, stretching and walking exercises, and topical pain medication (Ortho-Nesic gel). Per the treating physician (9-9-2015 report), the employee may return to modified work duties that included no lifting over 10 pounds, no repetitive bending or squatting, no standing or walking more than 1-2 hours per day, sit and stand on an as needed basis, and doing sedentary work only. On 7-7-2015, the requested treatments included a lumbar epidural steroid injection at L4-5 and L5-S1. On 8-

22-2015, the original utilization review non-certified a request for a 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 at L4-5 and 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 July 2014 and is being treated for low back pain with right lower extremity radicular symptoms. An MRI of the lumbar spine in January 2015 included multilevel degenerative disc disease with mild left foraminal stenosis. Electrodiagnostic testing in March 2015 showed findings of bilateral lumbar radiculopathy. When seen, he was having right lower extremity radicular symptoms. Physical examination findings included lumbar tenderness with decreased range of motion. Straight leg raising was negative. A lumbar epidural steroid injection was 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. The requested epidural steroid injection is not considered medically necessary.