

<b>Case Number:</b>	CM15-0184978		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	06/25/2015
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 37 year old male, who sustained an industrial injury on June 25, 2015. He reported pain in his lower back. The injured worker was diagnosed as having low back pain. Treatment to date has included physical therapy, diagnostic studies and medication. On July 23, 2015, an MRI of the lumbar spine showed bulging disc and annular tear at L5-S1 causing mild right neural foraminal narrowing and possible mass effect on the right L5 and S1 nerve roots where there is associated degenerative disc disease at L5-S1. On July 31, 2015, the injured worker stated that parts of his injury have worsened. He rated his current pain as a 5 on a 1-10 pain scale. The area of pain was not indicated in the report. Physical examination of the lumbar spine showed paraspinal muscle tenderness in the lumbar spine musculature with tight muscle band palpated. Decreased range of motion was noted. Straight leg raising test was positive at 60 degrees in sitting position. Waddell's signs were noted to be present. The treatment plan included medications, urine drug test, pain management specialist consultation, epidural steroid injection and a follow-up visit. On September 15, 2015, utilization review denied a request for lumbar spine epidural steroid injection. A request for pain management specialist consultation, Tizanidine 4mg #60 with one refill and urine drug screen was authorized. A request for Norco 10-325mg (unspecified quantity) was conditionally non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine, 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:** The claimant sustained a work injury in June 2015 when he had low back pain after lifting part of a patio roof. He was seen for physical therapy on 07/22/15. An MRI of the lumbar spine on 07/23/15 included findings of right lateralized disc bulging with an annular tear and possible mass effect on the right L5 and S1 nerve roots. He was seen by the requesting provider on 09/28/15. Physical therapy had been discontinued after three sessions as it had caused increased pain. He had pain rated at 6-10/10. He was having progressively worsening symptoms. He had pain radiating up to his mid back and occasional numbness and tingling in both feet. He had complaints of lower extremity weakness without cramping. Physical examination findings included a body mass index over 28. He appeared to be in moderate discomfort. There was positive straight leg raising bilaterally. There was lumbar facet tenderness with positive right-sided facet loading. There was decreased and painful lumbar spine range of motion with muscle spasms. There was decreased right more than left lower extremity sensation and an antalgic gait. Authorization was requested for a two level lumbar epidural injection. Criteria for the use of epidural steroid injections include radicular pain 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 sensation with positive straight leg raising and imaging is reported as showing findings consistent with radiculopathy. Prior conservative treatments have not been effective or were not tolerated. The requested epidural steroid injection is medically necessary.