

<b>Case Number:</b>	CM15-0185060		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	06/08/1988
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/03/2015
<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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 injured worker is a 52 year old male, who sustained an industrial injury on 06-08-1988. The injured worker was diagnosed as having status post previous lumbosacral fusion, lumbar discogenic disease, lumbar spondylosis and chronic low back pain. On medical records dated 08-05-2015 and 01-21-2015, the subjective complaints were noted as neck and low back pain, difficulty sleeping due to pain and difficulty walking due to pain. Objective findings were noted as lumbar spine revealed a healed surgical incision, and spasms were present. Range of motion was painful and limited. Pain was present at L3-L4 distribution bilaterally; positive straight leg raise bilaterally was noted. Lasegue was positive bilaterally and motor 4-5 at quads bilaterally. Treatments to date included home exercise program, TENS unit and medication. The injured worker underwent a MRI of the lumbar spine on 06-05-2015 revealed a L4-L5 and L5-S1 residual osteophyte, facet hypertrophy at both levels and mild foraminal narrowing at L4-L5, L3-L4 disc bulge with severe left foraminal narrowing with obliteration of the fat surrounding the exiting left L3 nerve root, milder right foraminal narrowing and bilateral facet hypertrophy, L2-L3 disc bulge with foraminal narrowing and facet hypertrophy. There was metallic artifact posterior to the spine. There is some edema in the posterior paraspinal musculature. The conus medullaris appears intact and the marrow signal intensity appears intact. The injured worker was noted to be temporarily totally disabled. The Utilization Review (UR) was dated 09-03-2015. A request lumbar epidural steroid injections (ESI) at L2 -4 bilaterally and Baclofen 10mg #30 was submitted. The UR submitted for this medical review indicated that the request for lumbar epidural steroid injections (ESI) at right L2, left L2, right L4, left L4 was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lumbar epidural steroid injection (ESI) right L2: 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:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient's MRI revealed no significant pathology at L2-3 and was negative for nerve root compression. Lumbar epidural steroid injection (ESI) right L2 is not medically necessary.

### **Lumbar ESI left L2: 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:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient's MRI revealed no significant pathology at L2-3 and was negative for nerve root compression. Lumbar ESI left L2 is not medically necessary.

### **Lumbar ESI right L4: 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:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient's lumbar MRI revealed that the L4-5 level is fused and is negative for nerve root compression. Lumbar ESI right L4 is not medically necessary.

**Lumbar ESI left L4:** 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:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient's lumbar MRI revealed that the L4-5 level is fused and is negative for nerve root compression. Lumbar ESI left L4 is not medically necessary.