

<b>Case Number:</b>	CM15-0187409		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	01/27/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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 51 year old male, who sustained an industrial injury on 01-27-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for radiating low back pain, lumbar degenerative disc disease, and lumbosacral spondylosis. Medical records (06-02-2015 to 08-17-2015) indicate ongoing low back pain, bilateral leg pain, bilateral leg weakness, left foot weakness, bilateral foot pain, occasional bilateral buttock cramps, and numbness and tingling in the left great toe. Pain levels were 5-8 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of function. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-17-2015, revealed no lumbar paravertebral muscle spasms and no change in symptoms. Relevant treatments have included physical therapy (PT), work restrictions, and pain medications. The treating physician indicates that a CT scan of the lumbar spine (08-14-2015) showed moderate to advanced multilevel degenerative disc disease with mild misalignment, osteophyte formation along the inner margin of the left T12-L1 facet joints causing left foraminal narrowing and mild left lateral recess stenosis, 2mm disc bulge at L1-2 with mild canal narrowing and right foraminal narrowing, 2mm disc bulge at L2-3 with mild to moderate canal narrowing and bilateral foraminal stenosis, a 3mm disc bulge eccentric to the left at L3-4 with mild to moderate canal narrowing and bilateral foraminal stenosis (greater on the left), and bilateral foraminal stenosis at L4-5 and L5-S1. The request for authorization (08-17-2015) shows that the following procedure was requested: one left L5-S1 epidural steroid injection. The

original utilization review (09-03-2015) non-certified the request for one left L5-S1 epidural steroid injection.

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

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

#### **Left L5-S1 Epidural steroid injection Qty 1: 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 January 2015 and is being treated for Back and bilateral leg pain occurring after lifting boxes. When seen, he was having left first toe numbness and tingling that was unchanged. Physical examination findings were not recorded. A lumbar epidural steroid injection is being requested. A CT scan of the lumbar spine on 08/14/15 included findings of multilevel disc bulging with mild to moderate canal and foraminal narrowing with right lateralization at L1/2 and left lateralization at L3/4. 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 electro diagnostic testing. In this case, there are no radicular pain complaints and no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response were recorded that would support a diagnosis of radiculopathy. The requested epidural steroid injection is not considered medically necessary.