

<b>Case Number:</b>	CM15-0195306		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 50 year old male, who sustained an industrial injury on 12-3-13. The injured worker is being treated for lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and posterior annular tear at L5-S1. (MRI) magnetic resonance imaging of lumbar spine revealed posterior annular tear within the intervertebral disc at L5-S1 with 2 millimeter right paracentral disc protrusion and L4-5 3 millimeter left foraminal disc protrusion resulting abutment of exiting left L4 nerve root. Treatment to date has included oral medications including Norco, Omeprazole and Flexeril, physical therapy, chiropractic manipulative therapy, rest and home exercise program. On 7-29-15, the injured worker complains of low back pain rated 8-9 out of 10 and described as tense and pressure like; he feels heat and burning sensation to the lumbar spine constantly and describes achy feeling radiating down bilateral legs into the feet with numbness and tingling sensation. Physical exam performed on and on 7-29-15 revealed diffuse tenderness over lumbar paravertebral musculature with moderate facet tenderness noted over the L3-5 spinous processes. On 7-29-15 request for authorization was submitted for left L4-5 and bilateral L5-S1 transforaminal epidural steroid injections, urine drug screen and transcutaneous electrical nerve stimulation (TENS) unit. On 9-29-15 request for left L4-5 and bilateral L5-S1 transforaminal epidural steroid injections was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-5 and Bilateral L5-S1 TF ESI: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** According to the guidelines, ESIs are recommended for those with radicular symptoms confirmed by exam and diagnostics. In this case, the claimant had radiculopathy on exam and confirmed by MRI. The claimant had a high level of pain despite undergoing conservative therapy. The request for ESI of the lumbar spine as above is medically necessary and appropriate.