

<b>Case Number:</b>	CM15-0196248		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	05/31/2012
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 52 year old male, who sustained an industrial injury on 5-31-12. The injured worker is diagnosed with degenerative facet changes at L4-L5 and L5-S1. His work status is modified duty. A note dated 9-21-15 reveals the injured worker presented with complaints of bilateral low back pain with lower extremity symptoms (left greater than right). A physical examination dated 9-21-15 revealed an altered gait and decreased lumbar range of motion. There is tenderness along the "lumbar paraspinal muscles, iliolumbar and sacroiliac regions" and the left straight leg raise produces pain that radiates down his distal calf. Treatment to date has included acupuncture; right interlaminar epidural injection (L5-S1) improved his right side symptoms by approximately 80% per note dated 9-21-15; home exercise program and medication. A request for authorization dated 9-22-15 for fluoroscopically guided lumbar epidural steroid injection at left L5-S1 with moderate sedation and epidurography is denied, per Utilization Review letter dated 10-1-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically guided lumbar epidural steroid injection (ESI) at left L5-S1 with moderate sedation and epidurography: Upheld**

**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:** The claimant sustained a work injury in May 2012 and is being treated for chronic pain including radiating low back pain. In August 2015, he was having radiating pain into the lower extremities. A lumbar epidural steroid injection had been authorized and a right interlaminar epidural steroid injection was performed on 09/02/15. An epidurogram was done with most of the injectate residing on the right side. When seen, there had been an 80% improvement in his right sided radicular symptoms. The left side was unchanged. Physical examination findings included lumbar paraspinal muscle, iliolumbar, and sacroiliac region tenderness. There was right hamstring tightness with straight leg raising on the right side and some pain radiating to the calf on the left. There was an antalgic gait. Lumbar range of motion was decreased. The claimant's body mass index is over 30. A left L5/S1 interlaminar 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 support a diagnosis of left lumbar radiculopathy. The requested epidural steroid injection is not medically necessary.