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| <b>Case Number:</b>   | CM15-0204502 |                              |            |
| <b>Date Assigned:</b> | 10/21/2015   | <b>Date of Injury:</b>       | 08/03/2015 |
| <b>Decision Date:</b> | 12/03/2015   | <b>UR Denial Date:</b>       | 10/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/19/2015 |

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 is a 51 year old male who sustained an industrial injury on 8-3-2015. A review of the medical records indicates that the injured worker is undergoing treatment for left lumbosacral strain, left lumbosacral radiculopathy and myofascial pain. According to the progress report dated 9-30-2015, the injured worker complained of pain in the left iliolumbar ligament with some radiation of pain down the left lower extremity. The injured worker noted subjective weakness of the left leg. He also complained of acute muscle spasms in the left lumbosacral muscle area. Per the treating physician (8-28-2015), the injured worker was temporarily totally disabled. Objective findings (8-28-2015) revealed tenderness, trigger points and muscle spasms to the left iliolumbar ligament and left lumbar spine paraspinal muscle. There was decreased light touch sensation in the dorsal aspect of the left foot and decreased reflex in the left ankle. Straight leg raise was positive on the left. Treatment has included chiropractic treatment, and medications (Motrin). magnetic resonance imaging (MRI) of the lumbar spine dated 9-16-2015 showed bilateral L5 spondylosis, Grade 1 anterolisthesis of L5 on S1; multilevel degenerative disc disease and facet arthropathy; mild canal stenosis at L1-L2 and L2-L3 and severe left neural foraminal narrowing at L4-L5 and severe bilateral neural foraminal narrowing at L5-S1. The original Utilization Review (UR) (10-15-2015) denied a request for first set of epidural steroid injections at L4, L5 and S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**First set of epidural steroid injections at left L4, L5 and S1: 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:** Guidelines recommend epidural injections as an option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The decision to perform repeat epidural steroid injections is based on objective pain and functional improvement, including at least 50% pain relief with reduction in pain medications for 6-8 weeks. No more than one interlaminar level should be injected at one session. In this case, the current request exceeds the recommended number of levels to be performed and a set of injections is not supported as repeat injections are only supported based on response to prior injection. The request for a set of L4, L5 and S1 epidural steroid injections is not medically appropriate and necessary.