

<b>Case Number:</b>	CM15-0217902		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	05/26/2009
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: Texas, Florida, 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:

The injured worker is a 61 year old male, who sustained an industrial injury on 5-26-09. Medical records indicate that the injured worker is undergoing treatment for lumbar spinal stenosis without neurogenic, unspecified thoracic-lumbar neuritis or radiculitis, herniated nucleus pulposus, cervical radiculopathy and lumbosacral spine spondylosis. The injured workers work status was not identified. On (9-24-15) the injured worker complained of headaches and neck pain radiating down his shoulder blades and into both arms to the hands. The injured worker also noted low back pain with radiation to the bilateral lower extremities. The pain was characterized as dull, aching and pin and needles. The pain was rated at least 5 and at worst 9 out of 10 on the visual analog scale. Objective findings related to the lumbar spine were not provided. Prior epidural steroid injections were not noted. Treatment and evaluation to date has included medications, MRI of the cervical spine (6-20-14) and an MRI of the lumbar spine and lumbar. The MRI of the lumbar spine (11-18-11) revealed lumbar four-lumbar five disc desiccation, facet arthropathy, degenerative changes and a disc protrusion. Current medications include Oxycodone and Fentanyl patches. The medications are reducing the injured workers pain and improving his function. The injured worker is able to do some exercise, activities of daily living, socialize a little and participate in family events with the current medications. The Request for Authorization dated 10-5-15 included a request for a right L4-L5 and L5-S1 epidural steroid injection (ESI) with fluoroscopy guidance. The Utilization Review documentation dated 10-9-15 non-certified the request for a right L4-L5 and L5-S1 epidural steroid injection (ESI) with fluoroscopy guidance.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-L5 and L5-S1 epidural steroid injection (ESI) with fluoroscopy guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This claimant was injured in 2009. Medical records indicate that the injured worker is undergoing treatment for lumbar spinal stenosis without neurogenic, unspecified thoracic-lumbar neuritis or radiculitis, herniated nucleus pulposus, cervical radiculopathy and lumbosacral spine spondylosis. The injured worker also noted low back pain with radiation to the bilateral lower extremities. The MRI of the lumbar spine (11-18-11) revealed lumbar four-lumbar five disc desiccation, facet arthropathy, degenerative changes and a disc protrusion. There is however no mention of corresponding neurologic signs and symptoms at this dermatome. The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing is not met. The request is not medically necessary.