

<b>Case Number:</b>	CM15-0220894		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	05/10/2010
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 35 year old male, who sustained an industrial-work injury on 5-10-10. The injured worker was diagnosed as having lumbar radiculopathy, lumbar herniated disc, spinal stenosis, spondylosis without myelopathy, degenerative disc disease, and lumbago. Treatment to date has included medication: prior Norco use, lumbar facet joint injection (not helpful), physical therapy (moderate relief), and heat-ice packs (moderate relief). Currently, the injured worker complains of increased low back pain, hip pain, knee pain, ankle pain, and neck pain. Pain is rated 7 out of 10. There is also numbness and pins and needles into the bilateral upper extremities down into the bilateral hands. There is also tingling in the feet. Activities have been modified due to pain and he is not working. Per the primary physician's progress report (PR-2) on 9-1-15, exam noted 5 out of 5 strength, full active range of motion in all extremities, tenderness to palpation along medial aspect of the left knee, normal reflexes, decreased sensation along the L4 distribution, able to heel-toe walk, no antalgia, and negative straight leg raise. The Request for Authorization requested service to include L4-L5 interlaminar epidural steroid injection times 2 with Tuohy needle positioned to the left of midline. The Utilization Review on 10-8-15 denied the request for L4-L5 interlaminar epidural steroid injection times 2 with Tuohy needle positioned to the left of midline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 interlaminar epidural steroid injection times 2 with Tuohy needle positioned to the left of midline:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar, ESI.

**Decision rationale:** Per the primary physician's progress report (PR-2) on 9-1-15, exam noted 5 out of 5 strength, full active range of motion in all extremities, tenderness to palpation along medial aspect of the left knee, normal reflexes, decreased sensation along the L4 distribution, able to heel-toe walk, no antalgia, and negative straight leg raise. The medical records provided for review do not document physical exam findings consistent with radiculopathy with corroboration by MRI or EMG. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such the medical records do not support the use of ESI congruent with ODG guidelines. The request is not medically necessary.