

<b>Case Number:</b>	CM15-0222776		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	01/02/2012
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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:

The injured worker is a 58 year old male, who sustained an industrial injury on 01-02-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic low back pain, lumbar degenerative disc disease, and possible lumbar stenosis with radicular symptoms. Medical records (04-23-2015 to 10-23-2015) indicate ongoing low back pain with radiating leg pain. Pain levels were 5-6 out of 10 on a visual analog scale (VAS). Records also indicate some improvement in level of functioning as the IW has returned to work with restrictions. The physical exam, dated 10-23-2015, revealed decreased lumbar lordosis, tenderness to palpation over the left lumbar paraspinal muscles, right gluteal region and sciatic notch, decreased range of motion in the lumbar spine, positive straight leg raise on the right, and decreased sensation in the right L5 dermatome. Relevant treatments have included: physical therapy (PT), lumbar epidural steroid injections, work restrictions, and medications. A MRI of the lumbar spine was available for review (07-10-2015) and showed grade I anterior listhesis at L5-S1 with intact bilateral transpedicular screws and vertical uniting rod connectors, mild degenerative neural foraminal narrowing at L4-5, mild chronic degenerative stenosis at L4-5, and mild spondylosis. The request for authorization (10-27-2015) shows that the following procedure was requested: epidural steroid injection at right L4-L5 for the lumbar spine. The original utilization review (10-30-2015) non-certified the request for epidural steroid injection at right L4-L5 for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection at Right L4-L5 for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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. In this case, the patient's imaging study shows no significant nerve root compression. The request for right L4-5 lumbar epidural steroid injection is not medically appropriate or necessary.