

<b>Case Number:</b>	CM15-0034546		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injury on 1/13/14. He has reported back and bilateral knee injury. The diagnoses have included lumbar disc protrusion, stenosis and facet fusion. Treatment to date has included physical therapy and medications. (CT) computerized tomography scan of lumbar spine dated 1/15/15 revealed stenosis and facet fusion. Currently, the injured worker complains of low back pain with radiation to bilateral legs. Physical exam dated 1/19/15 revealed decreased range of motion and decrease in sensation of lumbar area. On 1/29/15 Utilization Review non-certified epidural foraminal injection L5-S1, noting the documentation does not include focal neurological findings of a radiculopathy corroborated by imaging studies and/or Electrodiagnostic studies as recommended per guidelines. The MTUS, ACOEM Guidelines, was cited. On 2/19/15, the injured worker submitted an application for IMR for review of epidural foraminal injection L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection L5-S1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The patient presents with low back pain with radiation into the legs bilaterally. The current request is for Lumbar epidural steroid injection L5-S1. The treating physician states, in a report dated 01/19/15, Appeal denial LESI#1 (denied x1) @ L5-S1 level. (23B) The MTUS guidelines state, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the treating physician, in a report dated 12/22/14 states, "MRI of the lumbar without GAD was performed on March 7, 2014 demonstrated a 2-3 mm broad-based disc bulge at the L5-S1 level. A 3 mm central disk protrusion is seen. There is no evidence of canal stenosis or neural foraminal narrowing. Bilateral facet degenerative changes are present." The physician documents a positive seated straight leg raise and muscle weakness during flexion and extension of the lower extremities. The same report also states a diagnosis of lumbar neuritis/radiculitis. In this case, the treating physician has documented the required criteria for lumbar ESI. The current request is medically necessary and the recommendation is for authorization.