

<b>Case Number:</b>	CM15-0044670		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	04/19/2010
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 58 year old male, who sustained an industrial injury on 04/19/2010. Initial complaints reported included low back injury. The initial diagnoses were not provided. Treatment to date has included conservative care, medications, MRIs of the lumbar spine (11/24/2014), and a discogram (04/22/2014). Currently, the injured worker complains of ongoing low back pain with radiating pain into the right lower extremity. Current diagnoses included lumbar disc disease, right L5-S1 radicular pain, and increased radicular pain with functional discogram. The treatment plan consisted of continued pain medications, fluoroscopically guided right L3-L4 and L4-L5 lumbar epidural steroid injections, request for a consultation with a different surgeon at the medical group (previous spine surgeon not in the MPN), and proceed with AME (agreed medical evaluation).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection with fluoroscopy, L3-4:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

**Decision rationale:** The claimant is nearly 5 years status post work-related injury and continues to be treated for low back pain with right lower extremity radicular symptoms. The requesting provider documents positive Slump test with an MRI of the lumbar spine on 11/24/14 showing findings of right L3/4 and L4/5 progressive facet arthropathy with right lateralized foraminal narrowing. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents a positive neural tension sign and imaging shows findings consistent with the presence of radiculopathy. Prior conservative treatments have included physical therapy and medications. This request is for an epidural steroid injection to be performed under fluoroscopy. The criteria are met and the requested epidural steroid injection is therefore considered medically necessary.

**Epidural steroid injection with fluoroscopy, L4-5:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

**Decision rationale:** The claimant is nearly 5 years status post work-related injury and continues to be treated for low back pain with right lower extremity radicular symptoms. The requesting provider documents positive Slump test with an MRI of the lumbar spine on 11/24/14 showing findings of right L3/4 and L4/5 progressive facet arthropathy with right lateralized foraminal narrowing. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents a positive neural tension sign and imaging shows findings consistent with the presence of radiculopathy. Prior conservative treatments have included physical therapy and medications. This request is for an epidural steroid injection to be performed under fluoroscopy. The criteria are met and the requested epidural steroid injection is therefore considered medically necessary.