

<b>Case Number:</b>	CM15-0052687		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	11/08/2013
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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

Certification(s)/Specialty: Anesthesiology, 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 26 year old male, who sustained an industrial injury on November 8, 2013. The injured worker was diagnosed as having lumbar myoligamentous injury with radicular symptoms, left knee derangement and medication induced gastritis. Diagnostic studies to date have included magnetic resonance imaging (MRI), electromyogram and medication. A progress note dated February 11, 2015 provides the injured worker complains of low back pain rated 9/10 and left knee pain. The past treatments completed are medications management, lumbar facet injections on 3/2/2015 and trigger points injections. There is notation of magnetic resonance imaging (MRI) of the lumbar spine showed L4-5, L5-S1 disc bulge and facet arthropathy. The electro diagnostic studies showed left L5 and right S1 radiculopathy. The medications listed are Norco, Seroquel, Anaprox, Prilosec, Soma and Fexmid. He has been approved for arthroscopy of the knee. Physical exam notes antalgic gait and lumbar tenderness with decreased range of motion of the lumbar spine. The straight leg raising test was reported as positive. The plan includes medication, epidural injections, orthopedic follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection L3-L5:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid can be utilized for the treatment of lumbar radiculopathy when conservative treatment with medications and PT have failed. The records indicate the presence of subjective, objective and radiological findings of lumbar radiculopathy. There was electrodiagnostic studies confirming the presence of lumbar radiculopathy. The patient have failed medications management with NSAIDs, opioids and psychiatric medications. The criteria for L3 -L5 lumbar epidural steroid injection was met and is medically necessary.