

<b>Case Number:</b>	CM15-0053370		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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 49 year old female, who sustained an industrial injury on August 28, 2009. She reported back pain and spasms. The injured worker was diagnosed as having lumbosacral radiculopathy, myofascial pain syndrome, status post lumbar 5-sacral 1 artificial disc replacement, possible migration of the prosthesis at sacral 1, possible neuropathic pain syndrome secondary to nerve stretch injury, possible sacral 1 nerve root injury from a "snowplow effect", and mild spondylosis at lumbar 4-5. Past treatments included x-rays, CT scan, discogram, electrodiagnostic studies, physical therapy, home exercise program, chiropractic therapy, rest, work modifications, epidural steroid injections, and medications. On February 10, 2015, she underwent a lumbar 5-sacral 1 artificial disc replacement. On March 23, 2015, the treating physician notes the injured worker initially had some mild radicular pain of the right leg. She then developed severe postoperative right leg neuropathic pain syndrome. Her pain is being treated with opioid pain, non-opioid pain two anti-epilepsy, and muscle relaxant medications. Her back complains of are significantly improved and her sleep has improved. When she was initially home after surgery, she had severe right leg pain with significant swelling. The injured worker reported significant swelling of the right foot with severe pain of the calf, ankle, and foot. She saw a podiatrist, which she paid for. She was placed in a modified soft tissue splint for diagnoses of causalgia and metatarsalgia. Her pain has decreased from 8-9/10 to 6/10. The physical exam revealed a well-healing left lower quadrant incision, and antalgic limp on the right, the use of crutches for assisted walking, ability to heel and toe walk with a limp, normal motor strength in the lower extremities, and negative sciatic tension signs

with seated straight leg raise. X-rays of the lumbar spine were done on this date. The treatment plan includes epidural steroid injections for the right lumbar 4, left lumbar 5, and right sacral 1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Epidural steroid injection for the right L4, Left L5 and right S1: Overturned**

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

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

**Decision rationale:** The claimant sustained a work-related injury in August 2009 and underwent an artificial disc replacement on 02/10/15. She has developed severe lower extremity neuropathic pain possibly due to disc migration. When seen, there was decreased lower extremity strength and sensation with positive straight leg raising. 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 decreased lower extremity strength and sensation with positive neural tension signs. Her history of recent surgery and imaging supports a diagnosis of acute lumbar radiculopathy. The criteria are met and the requested epidural steroid injection is therefore considered medically necessary.