

<b>Case Number:</b>	CM15-0058327		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	05/31/2012
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 male, who sustained an industrial injury on May 31, 2012. He reported injury to his lower back and right knee. The injured worker was diagnosed as having right knee probable lateral meniscus tear and medial meniscus tear with osteoarthritis of the lateral compartment, lumbar sprain/strain and herniated nucleus pulposus at L4-L5 and L5-S1 of 3mm with bilateral radiculopathy and status post arthroscopic total lateral meniscectomy and partial medial meniscectomy. Treatment to date has included diagnostic studies, surgery, medications, crutches, brace, physical therapy and pool therapy. On December 16, 2014, the injured worker complained of moderate low back pain and mild right knee pain. He used a cane for ambulation and was noted to be not currently working. The treatment plan included physical therapy, exercises and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 epidural injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections 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 3 years status post work-related injury and continues to be treated for low back and lower extremity pain. When seen, he had decreased lower extremity strength and sensation. An MRI of the lumbar spine in October 2012 included findings of L4/5 and L5/S1 nerve root compression with right lateralization at L4/5. Criteria for the use of an epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen by the requesting provider, there was decreased lower extremity strength and sensation and imaging has shown lower lumbar nerve root compression. The criteria are met and therefore the requested two level epidural injection was medically necessary.

**L5-S1 epidural injection:** Overturned

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

**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 is nearly 3 years status post work-related injury and continues to be treated for low back and lower extremity pain. When seen, he had decreased lower extremity strength and sensation. An MRI of the lumbar spine in October 2012 included findings of L4/5 and L5/S1 nerve root compression with right lateralization at L4/5. Criteria for the use of an epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen by the requesting provider, there was decreased lower extremity strength and sensation and imaging has shown lower lumbar nerve root compression. The criteria are met and therefore the requested two level epidural injection was medically necessary.