

<b>Case Number:</b>	CM15-0060776		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 41 year old male, who sustained an industrial injury on 08/01/2012. He has reported subsequent neck, back, bilateral hip and lower extremity pain and was diagnosed with degenerative disc disease of the lumbar spine, neuropathic pain, cervical and bilateral lower extremity radiculitis and greater trochanteric bursitis of the hips. Treatment to date has included oral pain medication and acupuncture. In a progress note dated 02/13/2015, the injured worker complained of low back pain radiating to the lower extremity with numbness and tingling. Objective findings were notable for decreased sensation to pinprick in the left lateral calf as compared to the right, decreased range of motion of the lumbar spine, tenderness to palpation along the L4 and L5 spinous process with radiation down the bilateral legs and positive straight leg raise bilaterally. A request for authorization of interlaminar lumbar epidural steroid injection at L4-L5 was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection at L4-L5 interlaminar epidural:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2  
Page(s): 46.

**Decision rationale:** CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. In this case there is documentation of radicular pain, corroborated by imaging and failure of conservative therapies. Epidural steroid injection is medically indicated.