

<b>Case Number:</b>	CM15-0081759		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	02/07/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: California, Massachusetts  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 54 year old male, who sustained an industrial injury on February 7, 2014. The injured worker was diagnosed as having lumbar muscle strain and arthropathy of lumbar facet. Treatment and diagnostic studies to date have included occupational therapy, physical therapy, nerve conduction study, and medication. A progress note dated April 9, 2015 provides the injured worker complains of right hand pain and low back pain. He rates his back pain 8/10 with radiation to right buttock and thigh. Lumbar MRI on 8/6/14 showed L3-4 2mm bilateral intraforaminal stenosis mild to moderate, L4-5 intraforaminal osteophyte resulting in bilateral stenosis, left annular fissure and moderate degenerative joint disease at L5-S1. According to clinic note on 4/13/15 physical exam notes antalgic gait, lumbar tenderness on palpation, normal range of motion (ROM) and normal sensation. He has lower extremity hypesthesia, positive bilateral straight leg raise The plan includes pain management, medication and epidural steroid injection at L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 transaminar epidural steroid injection under fluoroscopy with epidurogram:**  
 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 Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** According to MTUS guidelines epidural steroid injection is appropriate when there is documented physical exam findings of radiculopathy corroborated by imaging studies and or electrodiagnostic testing. The peer reviewer states that "there was no documented lumbar spine MRI. No electromyelogram test was documented to confirm any radicular neuropathy. The peer reviewer states in his review that "MRI reportedly showed facet arthropathy". From my review of the records, I found that lumbar MRI showed disc protrusion resulting in intraforaminal stenosis. There are a number of potential anatomical reasons for the injured workers radicular symptoms including lumbar DJD, spinal stenosis and osteophyte complex. The injured worker has documented radicular symptoms, corroborative findings on physical exam including positive straight leg and decreased sensation along dermatomal distribution as well as objective MRI findings. Therefore the requested L4-5 ESI is medically necessary.