

<b>Case Number:</b>	CM15-0085810		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	04/08/2002
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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 53 year old male who sustained an industrial injury on 4/8/02. Currently, the injured worker was with complaints of lower back pain with radiation to the right lower extremity. Previous treatments included medication management, rest, physical therapy, transcutaneous electrical nerve stimulation unit, home exercise program, and chiropractic treatments. Previous diagnostic studies included magnetic resonance imaging performed 3/19/15 revealing disc protrusion and annular tear at L4-5 and moderate right and mild left neural foraminal stenosis at L5-S1. The plan of care was for an epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection L4-L5, L5-S1 , each additional level, lumbar epidurogram, fluoroscopic guidance and IV sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injection.

**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 as they were no history of a work injury occurring in April 2002 and continues to be treated for radiating low back pain. An MRI of the lumbar spine in March 2015 included findings of right lateralized foraminal stenosis. Prior treatments had been extensive including medications, physical therapy, TENS, and chiropractic care. When seen, he was having increasing radiating low back pain. There was decreased lumbar spine range of motion. He had right-sided lumbar muscle spasm and guarding. There was a normal neurological examination including strength, sensation, and reflexes and straight leg raising was negative. 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, there are no physical examination findings of radiculopathy with a normal neurological examination and neural tension signs are absent. Therefore, a lumbar epidural steroid injection is not medically necessary.