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| <b>Case Number:</b>   | CM15-0086685 |                              |            |
| <b>Date Assigned:</b> | 05/08/2015   | <b>Date of Injury:</b>       | 12/16/2014 |
| <b>Decision Date:</b> | 06/15/2015   | <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 62 year old male, who sustained an industrial injury on 12/16/2014. He has reported injury to the low back. The diagnoses have included lumbosacral radiculopathy; lumbosacral sprain/strain injury; left hip sprain/strain injury; and possible left hip labrum tear. Treatment to date has included medications, diagnostics, home exercises, and electro-acupuncture treatment. Medications have included Naproxen, Relafen, and Ultram. A progress note from the treating physician, dated 03/31/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of a lot of pain and discomfort involving the low back and leg, as well as the hip. Objective findings included decreased lumbosacral range of motion; positive straight leg raising test of the left leg; decreased reflex in the left ankle joint; decreased light touch sensation in the lateral aspect of the left leg; and positive Patrick's test of the left hip. The treatment plan has included the request for lumbar epidural steroid injection under fluoroscopic guidance L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection under fluoroscopic guidance L5-S1:** 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 sustained a work injury in December 2014 and continues to be treated for back and leg pain. Treatments have included physical therapy and medications. When seen, he was having ongoing back and left leg pain. Physical examination findings included a positive left straight leg raise with decreased sensation. There was a decreased left ankle reflex. Authorization for an epidural injection was requested. An MRI of the lumbar spine on 02/23/15 included findings of multilevel disc bulging with left lateralization at L4-5. 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 positive neural tension signs with decreased sensation and ankle reflex and imaging has shown findings consistent with the claimant's symptoms and clinical findings of radiculopathy / radiculitis. Prior conservative treatments have included physical therapy and medications. The criteria are met and the requested epidural steroid injection is therefore considered medically necessary.