

<b>Case Number:</b>	CM15-0089362		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	07/29/2014
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 39 year old female, who sustained an industrial injury on 7/29/14. She has reported initial complaints of back injury after falling off a 7-8 foot ladder on to a cement floor. The diagnoses have included chronic severe left low back pain down to the left leg secondary to lumbar disc protrusion with radiculitis, lumbar disc tear, Complex regional pain syndrome (CRPS), left ankle/foot sprain/strain, left non-displaced posterior mallerolar fracture and chronic neck and upper back pain secondary to myofascial pain syndrome. Treatment to date has included medications, activity modifications, diagnostics, and home exercise program (HEP). Currently, as per the physician progress note dated 3/30/15, the injured worker complains of left low back pain down to the left leg which is persistent. She rates the pain 5-8/10 on pain scale and states that she wants to get injections. She also reports problems with sleeping and depression. The physical exam reveals that upon palpation of the cervical spine elicits tenderness in the upper cervical area. The palpation of the lumbar muscle elicits severe tenderness in the lower lumbar area on the left. There is coldness in the left foot and weakness in the left distal leg and foot. The sensation is decreased to pinprick in the left leg and foot. The discogenic stress maneuvers were pain provoking and straight leg raise was positive in the left lower extremity (LLE). The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 2/23/15, reveals posterior disc protrusion and facet joint degeneration. The current medications included Norco, Gabapentin and Ultram. The physician requested treatment included Left L3-4 transforaminal epidural steroid injection w/fluoroscopy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L3-4 transforaminal epidural steroid injection w/fluoroscopy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, ESI.

**Decision rationale:** The medical records provided for review document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection and demonstrate corroboration by MRI. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such the medical records do support the use of ESI congruent with ODG guidelines. The request is not medically necessary.