

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0101855 |                              |            |
| <b>Date Assigned:</b> | 06/04/2015   | <b>Date of Injury:</b>       | 09/17/2014 |
| <b>Decision Date:</b> | 07/03/2015   | <b>UR Denial Date:</b>       | 05/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/28/2015 |

### 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: 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 50 year old male, who sustained an industrial injury on 9/17/2014. He reported injury from heavy lifting. The injured worker was diagnosed as having lumbar sprain with disc bulging, lumbar radiculopathy and lumbar facet arthropathy. Lumbar magnetic resonance imaging showed lumbar disc degeneration with disc protrusion and foraminal stenosis. Treatment to date has included physical therapy and medication management. In a progress note dated 4/2/2015, the injured worker complains of constant low back pain that radiates to the bilateral lower extremities, rated 8-10/10. Physical examination showed pain and tenderness across the lumbosacral spine with muscle spasm. The treating physician is requesting a lumbar 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**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 September 2014 and continues to be treated for reading back pain. Treatment had included physical therapy and medications. An MRI of the lumbar spine in December 2014 included findings of multilevel lower lumbar disc protrusions with mild to moderate canal and foraminal stenosis with left lateralization at L4-5. When seen, he was having low back pain with left worse than right lower extremity radicular symptoms. There was positive straight leg raising and decreased left lower extremity sensation. 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 lower extremity sensation and imaging has shown findings consistent with the presence of radiculopathy that correlates with the claimant's symptoms. Prior conservative treatments have included physical therapy and medications. The criteria are met and the requested epidural steroid injection is therefore considered medically necessary.