

<b>Case Number:</b>	CM15-0108174		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	04/14/2014
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 April 14, 2014 while working as a mechanic. The injured worker has been treated for neck and low back complaints. The diagnoses have included cervical sprain, lumbar herniated nucleus pulposus and cervical herniated nucleus pulposus with stenosis. Treatment to date has included medications, radiological studies, MRI and physical therapy. Current documentation dated April 2, 2015 notes that the injured worker reported neck pain and low back pain which radiated to the buttocks and posterior thighs and clavicles bilaterally. Associated symptoms included numbness and tingling. Examination of the lumbar spine revealed tenderness and a decreased range of motion. Motor strength of the lower extremities was normal. Sensation was noted to be intact in the lower extremities. A supine straight leg raise test was positive bilaterally. Examination of the cervical spine revealed tenderness and a decreased range of motion. Sensation was noted to be decreased in the bilateral ulnar forearm and third, fourth and fifth digits. The treating physician's plan of care included a request for a lumbar epidural steroid injection at lumbar five-sacral one.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection at L5-S1: 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 Injection Page(s): 46.

**Decision rationale:** The patient presents with pain affecting the low back and neck with radiation to the bilateral buttocks, posterior thighs, and calves. The current request is for Lumbar epidural steroid injection at L5-S1. The treating physician report dated 5/14/15 (68B) states, "For the lumbar spine, our request for a lumbar epidural injection was denied. The rationale given was that the patient had no motor or sensory deficits." Additionally, at L5-S1 there is a 3 mm broad-based disc bulge causing bilateral neural foraminal narrowing. This is consistent with the patient's subjective and objective findings." MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical reports provided, do not show that the patient has received a previous ESI at the L5-S1 level. In this case, the patient presents with low back that radiates into the bilateral posterior thighs, buttocks, and calves. Furthermore, the patient's radicular symptoms have not improved with conservative therapy and the diagnosis of lumbar radiculopathy is corroborated by an MRI dated 6/12/14 (68B). The current request satisfies the MTUS guidelines as outlined on page 46. The current request is medically necessary.