

<b>Case Number:</b>	CM15-0013697		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	04/30/2009
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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 a work/ industrial low back injury on 4/30/09. He has reported symptoms of cervical radicular pain as well as lumbar radicular pain that was described as dull and achy with numbness and tingling in both arms and constant achy pain with shooting pains down the left leg. Prior medical history includes obstructive sleep apnea and depression. The diagnoses have included displaced lumbar intervertebral disc without myelopathy; thoracic/lumbosacral neuritis/radiculitis. Treatment to date has included physical therapy and acupuncture, home exercise program, mediation. Per the treating physician's examination from 11/18/14, it noted reflexes of 1+ on the left knee and 2+ on the right knee, biceps, triceps, and brachioradialis bilaterally. Manual muscle testing was Biceps 4/5 on the right, 5/5 on the left; triceps 4/5 on the right, 5/5 on the left; hip flexion 4/5 on the left, 5/5 on the right; knee extension 4/5 on the left. Straight leg raise was negative bilaterally. The MRI of the cervical and lumbar spine from 5/10/11 noted the lumbar spine showing a moderate disc bulge and well as central disc protrusion at L4-5 causing moderate central canal stenosis as well as mild left neural foraminal stenosis. The cervical spine noted multilevel degenerative disc disease with diffuse broad based disc bulges at C6-7. Additional levels of degenerative disc disease including a small right paracentral protrusion seen at C2-3 were visualized. Plan was for psychology referral, medications, acupuncture, and pain intervention to include epidural steroid injection at levels C7-T1 and L4-5. On 12/24/14 Utilization Review non-certified Lumbar Epidural Steroid Injections (Lumbar Epidural Steroid Injection (Lumbar Epidural Steroid

Injection (LESI x 2)) L4-5, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lumbar Epidural Steroid Injection (LESI) L4-5, quantity 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Epidural Steroid Injections (ESIs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

**Decision rationale:** The claimant is nearly 6 years status post work-related injury and continues to be treated for chronic radiating neck and low back pain. Testing has included an MRI of the lumbar spine. 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 decreased lower extremity sensation with positive neural tension signs and imaging has shown findings consistent with the presence of radiculopathy. However, a series of injections in either the diagnostic or therapeutic phase is not recommended. Therefore, the requested lumbar epidural steroid injections were not medically necessary.