

<b>Case Number:</b>	CM15-0112026		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	09/29/2008
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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 64 year old female, who sustained an industrial injury on 9/29/2008. Diagnoses have included bilateral carpal tunnel syndrome status post carpal tunnel release and rule out lumbar spine herniated nucleus pulposus (HNP). Treatment to date has included a home exercise program. According to the progress report dated 3/9/2015, the injured worker complained of low back pain radiating into the right lower extremity. Straight leg raise test was positive on the right. Lumbar range of motion was limited by pain. The injured worker had an altered gait and used a cane in the right hand. There was decreased sensation in the right lateral leg and foot. Her reflexes were absent bilaterally. The injured worker was temporarily totally disabled. Authorization was requested for lumbar epidural steroid injection at L2-L3, L3-L4, L4-L5, and L5-S1 x 3.

### 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 L2-L3, L3-L4, L4-L5, L5-S1 x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) 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 September 2008 and continues to be treated for radiating low back pain. When seen, there was decreased and painful lumbar spine range of motion. There was an antalgic gait with use of a cane. There was positive right straight leg raising. An MRI of the lumbar spine in April 2015 included findings of multilevel spondylosis. Authorization for a four level epidural injection was requested. 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 straight leg raising and an antalgic gait and imaging is reported as showing multilevel spondylosis. However, criteria also include that no more than two nerve root levels be injected using a transforaminal approach or more than one level if an interlaminar approach is used. In this case, a four level procedure is being requested which is not medically necessary. Additionally, a series of injections in either the diagnostic or therapeutic phase is not recommended.