

<b>Case Number:</b>	CM15-0114533		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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 was a 63 year old female, who sustained an industrial injury, May 3, 2013. The injured worker previously received the following treatments Flexeril, Naprosyn, Ultracet, Xenical, Acyclovir, Hydrocodone, TENS (transcutaneous electrical nerve stimulator) unit, physical therapy, exercise, lumbar spine MRI, cervical spine, right hip x-ray, EMG/NCS (electrodiagnostic studies and nerve conduction studies of the bilateral upper extremities was negative, medial branch block on the right of C5, C6 and C7 with 80% relief and right shoulder injection. The injured worker was diagnosed with cervical spine degenerative changes, mild degenerative spurring of the bilateral hips, degenerative disc disease most severe at the L4-L5 level ad degenerative disc disease most severe at the L4-L5 level. According to progress note of March 10, 2015, the injured workers chief complaint was neck pain, low back pain radiating from the low back down posterolateral thigh, calf wrapping around and including dorsum of foot and middle toes and low back pain going down into the left leg. The injured worker rated the pain at 6 out of 10 with medications and 9 out of 10 without. The injured worker was having poor quality of sleep. The neuro exam noted no neurological deficits. The range of motion was restricted with flexion limited to 60 degrees limited by pain and extension limited to 10 degrees limited by pain. On palpation the paravertebral muscles, hypertonicity, spasms, tenderness and tight muscle bands were noticed on both sides. The treatment plan included lumbar epidural steroid injection L5-S1 and S1 right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LESI - L5-S1 (right): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections 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 May 2013 and is being treated for really low back pain. In March 2015, she underwent a two level left lumbar transforaminal epidural steroid injection. When seen, she had complaints of back pain radiating into the left lower extremity, although the assessment also references noting pain radiating to the right first toe. Pain was rated at 7-8.5/10. There was normal right lower extremity strength and sensation with negative right straight leg raising. Authorization for a right lumbar transforaminal epidural steroid injection was requested. The claimant has imaging showing severe spinal stenosis with left lateralization at several levels. 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 normal right lower extremity strength and sensation with negative straight leg raising. The criteria are not met and the requested epidural steroid injection is not considered medically necessary.