

<b>Case Number:</b>	CM15-0116218		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	05/07/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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

Certification(s)/Specialty: Family Practice

### 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 36 year old male, who sustained an industrial/work injury on 5/7/14. He reported initial complaints of re-injury to back. The injured worker was diagnosed as having spondylolisthesis of L3-4, s/p fusion, and L3-4, L4-5 radiculopathy. Treatment to date has included medication, physical therapy, and home exercise program. MRI results were reported on 10/28/14. Currently, the injured worker complains of moderate back pain with left leg radicular pain, numbness, and weakness. Per the primary physician's progress report (PR-2) on 5/11/15, examination revealed normal gait, normal strength, moderate tenderness over the L3-L5 facet joints in the paraspinal tissues with notable tenderness and spasm, diminished sensation in the L4 nerve root distribution and somewhat in the L5 on the dorsum of the foot, consistent with radiculopathy. The requested treatments include L4-L5 epidural steroid injection for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 epidural steroid injection for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 29, 46, 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Sacroiliac joint blocks, Low Back, Facet joint intra-articular

injections (therapeutic blocks).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45-46.

**Decision rationale:** Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. While the injured worker is noted to have decreased sensation, the medical records do not establish any additional neurological deficits. The motor exam and reflex examination is intact. Furthermore, a review of a second opinion report at which time a sacroiliac joint injection was recommended did not indicate any neurologic deficits on clinical examination. The request for L4-L5 epidural steroid injection for the lumbar spine is not medically necessary and appropriate.