

<b>Case Number:</b>	CM15-0120961		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: 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 60 year old male with an industrial injury dated 05/29/2012. The injured worker's diagnoses include lumbar disc disease and lumbar spine radiculopathy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06/02/2015, the injured worker reported unchanged low back pain rated a 7-8/10. The injured worker reported that walking increases his pain and lying decreases his pain. Objective findings revealed no acute distress, full motor strength in the bilateral lower extremities, decreased sensation in the L5 dermatome and absent ankle reflexes. Treatment plan consisted of epidural and medication management. The treating physician prescribed services for L5-S1 epidural injection with IV sedation now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 epidural injection with IV sedation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

**Decision rationale:** The patient presents with lower back pain with bilateral lower extremity pain and paresthesia. The current request is for L5-S1 epidural steroid injection with IV sedation. EMG/NCV report dated 9/11/12 states that there is active right S1 radiculopathy. CT scan of lumbar spine dated 8/15/14 states there is a disc protrusion at L5/S1 with IVF stenosis. The treating physician reports provided do not indicate that the patient has had a prior trial of lumbar epidural steroid injection. The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case, the treating physician has documented decreased sensation to pinwheel testing and absent ankle reflexes. The diagnostic testing reports provided for review corroborate that radiculopathy is present. The current request is medically necessary.