

<b>Case Number:</b>	CM15-0124470		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	12/09/2010
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 53-year-old female who sustained an industrial injury on 12/09/10. Initial complaints and diagnoses are not available. Treatments to date include multiple back and neck surgeries, and medications. Diagnostic studies include a MRI of the cervical spine on 03/03/11. Current complaints include neck and low back pain. Current diagnoses include failed back syndrome, lumbar and cervical. In a progress note dated 05/18/15, the treating provider reports the plan of care as continued medications including Soma, oxycodone, and gabapentin, and a cervical epidural steroid injection and caudal epidurals. The requested treatment includes a lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection under fluoroscopy at L5-S1:** Overturned

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

**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 sustained a work injury in December 2010. When seen, she had complaints including worsening low back with bilateral lower extremity pain and numbness. She was requesting a lumbar epidural steroid injection. Physical examination findings included increased lumbar muscle tone with paraspinal and facet tenderness. Trigger points were present. There was decreased and painful lumbar spine range of motion. Facet loading and straight leg raising were positive. There was decreased lower extremity sensation with normal strength. She had an antalgic gait. An MRI of the lumbar spine in February 2011 included findings of moderate L5-S1 spondylosis with a left lateralized disc extrusion. 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 left lower extremity strength and positive straight leg raising. The c has worsening radicular symptoms.. Imaging confirms radiculopathy at the level being requested. A lumbar epidural steroid injection was medically necessary.