

<b>Case Number:</b>	CM15-0125708		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	01/12/2015
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/08/2015
<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 52-year-old female, who sustained an industrial injury on 1/12/2015. The injured worker was diagnosed as having lumbosacral sprain. Treatment to date has included rest, physical therapy, trigger point injections, chiropractic, and medications. Currently, the injured worker complains of intermittent pain radiating to the left lower extremity, rated 4/10, accompanied by pins and needles sensation. Exam of the lumbar spine noted decreased range of motion, negative straight leg raise testing, and strength 5/5 except left extensor hallucis longus at 5-/5, and intact sensation. Current medication regimen was not noted. Current work status was not noted. The treatment plan included lumbar epidural steroid injection at right L5-S1. It was documented (progress report 3/26/2015) that magnetic resonance imaging results showed a large disc herniation on the left side at L5-S1, with some degeneration on that disc. Magnetic resonance imaging report (3/11/2015) was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injections at L5-S1 level (right): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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-related injury in January 2015 and continues to be treated for low back pain radiating to the left lower extremity. When seen, there was decreased left lower extremity strength. Lumbar spine range of motion was decreased. An MRI of the lumbar spine included findings of a large left L5/S1 disc herniation affecting the S1 nerve. A right-sided lumbar epidural steroid 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 electro diagnostic testing. In this case, the claimant's provider documents decreased left lower extremity strength and imaging is reported as showing findings consistent with left-sided radiculopathy. Unfortunately, authorization for a right-sided lumbar epidural steroid injection was requested. Which cannot be accepted as being medically necessary.