

<b>Case Number:</b>	CM15-0175940		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	01/04/2014
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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 50-year-old male, who sustained an industrial injury on 1-4-2014. The medical records indicate that the injured worker is undergoing treatment for lumbar disc protrusion, lumbar myospasms, lumbar pain, lumbar radiculopathy, lumbar sprain-strain, and gait abnormality. According to the progress report dated 7-30-2015, the injured worker complains of moderate, intermittent low back pain with radiation into his bilateral lower extremities, associated with numbness, tingling, and cramping. The pain is described as stabbing, throbbing, and stiffness. The pain is rated 5 out of 10 on a subjective pain scale. The physical examination of the lumbar spine reveals tenderness to palpation over the paravertebral muscles, spasms, decreased and painful range of motion, positive straight leg raise bilaterally, decreased motor strength (4 out of 5) in bilateral hamstrings, and slow-guarded gait. The current medications are not specified. Treatment to date has included medication management. Work status is described as "off work". The original utilization review (8-12-2015) had non-certified a request for L5-S1 epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 Epidural Steroid Injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The claimant sustained a work injury in January 2014 and continues to be treated for low back pain with lower extremity radiating pain and numbness, tingling, and cramping. An MRI of the lumbar spine in June 2014 showed findings of L4/5 and L5/S1 disc protrusions with nerve root impingement. When seen, physical examination findings included lumbar paraspinal muscle tenderness with muscle spasms. Straight leg raising was positive. There was decreased lower extremity sensation and left lower extremity strength. Authorization is being requested for a lumbar epidural injection. Criteria for the use of epidural steroid injections include radicular pain with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In this case, the claimant's provider documents decreased lower extremity strength and sensation with positive straight leg raising and imaging is reported as showing findings consistent with radiculopathy. The requested epidural steroid injection was medically necessary.