

<b>Case Number:</b>	CM15-0046039		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	07/03/2002
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 65 year old male with an industrial injury dated 07/03/2002. The injured worker diagnoses include lumbar spine degenerative disc disease, low back pain and lumbar facet syndrome. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 1/29/2015, the injured worker reported back pain radiating from the low back down the bilateral legs. Lumbar spine exam revealed restricted range of motion, tenderness to palpitation of paravertebral muscles and bilateral tight muscle band. Tenderness was also noted across axial low back. The treating physician prescribed services for lumbar epidural steroid injection at the level of L5-S1 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 is more than 10 years status post work-related injury and continues to be treated for low back pain with bilateral lower extremity radicular symptoms. When seen by the requesting provider he was having back pain radiating into both legs. An MRI of the lumbar spine in December 2014 had included findings of multilevel disc herniations with left lateralization at L5-S1 and moderate canal stenosis at L4-5. Physical examination findings included decreased lower extremity strength with decreased lumbar spine range of motion. Straight leg raising was negative. 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 requesting provider documents lower extremity weakness and a recent MRI confirms findings of stenosis and multilevel disc herniations. This request is for an epidural steroid injection to be performed under fluoroscopy. The criteria are met and the requested epidural steroid injection is therefore considered medically necessary.