

<b>Case Number:</b>	CM15-0061074		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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 57 year old male who sustained a work related injury July 6, 2012. While climbing up and down a ladder painting, he developed low back pain. He was treated with medication, physical therapy, hot/cold packs, electrode treatments, lumbar epidural injection and an MRI. According to a primary treating physician's orthopedic re-evaluation, dated March 4, 2015, the injured worker presented reporting he will undergo a left inguinal hernia repair sometime in the month. It was recommended her undergo an epidural steroid injection; however, he does not want to undergo the procedure at this time. Examination of the lumbar spine reveals tone and tenderness about the paralumbar musculature with tenderness at the midline thoracolumbar junction and over the level of L5-S1 facets and right greater sciatic notch with muscle spasms. Diagnosis is documented as lumbar strain with radicular complaints. Treatment plan included request for authorization of aquatic therapy and an epidural injection. A spinal consultation, dated February 19, 2015, finds the injured worker presented with intermittent moderate to severe low back pain that radiates to both legs/calf level. Diagnoses included lumbar strain with radicular complaints and lumbar discopathy. Treatment included continue medication, plan for hernia repair and request authorization for a lumbar steroidal epidural injection at the level of L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Lumbar Steroid Epidural injection at L5-S1: Overturned**

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

**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 is nearly 3 years status post work-related injury and continues to be treated for low back pain with lower extremity radiating symptoms. When seen, physical examination findings included increased lumbar spine muscle tone with tenderness and decreased range of motion. There was decreased left lower extremity strength and sensation. An MRI in September 2012 had shown findings of multilevel disc protrusions with left lateralization at L5-S1. Criteria for the use of an epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen, there was decreased left lower extremity strength and sensation and correlating findings consistent with left lumbosacral radiculopathy by MRI. Therefore, the request was medically necessary.