

<b>Case Number:</b>	CM15-0077942		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	01/29/2015
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 female who sustained an industrial injury on 1/29/2015. Her diagnoses included active lumbosacral strain with stiffness, neurological lower extremities injury - bilateral sacral & lumbar nerve roots, lumbosacral disc displacement, lumbago, and anxiety disorder. Magnetic resonance imaging studies on 1/31/2011, from a prior lumbar injury showed L4-3, L5-S1 disc bulge and facet arthropathy. The current magnetic resonance imaging studies of the lumbar spine on 4/8/2015 showed multilevel disc bulges, moderate to severe facet arthropathy and neural foramina stenosis. There was crowding of the cauda equina and central canal stenosis. Her treatments are noted to include physical therapy; rest from work and modified work duties, and medications management. Progress notes of 4/7/2015 reported continued pain to her lower back, lumbosacral, and bilateral lower extremities. The lower extremity pain was described as intermittent, moderate, burning, with lower extremity numbness, aggravated by movement and causing restricted range-of-motion that and improved with treatment. There were objective findings of decreased sensation over L5 to S1 dermatomes and lower extremities weakness. The physician's requests for treatments were noted to include a lumbar epidural steroid injection. The medications listed are Norflex, Naprosyn and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection #1: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records show subjective, objective and radiological findings consistent with the diagnosis of significant lumbar radiculopathy. There is exacerbation of the low back symptoms despite optimum conservative treatments with medications and PT. The criteria for lumbar epidural steroid injection #1 was met and therefore is medically necessary.