

<b>Case Number:</b>	CM14-0062037		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/03/2008
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 40 year old male who reported an injury on 11/03/2008. The mechanism of injury was not indicated in the medical records provided for review. He is diagnosed with lumbar radiculopathy. His past treatments were noted to include physical therapy, acupuncture, aqua therapy, chiropractic treatment, lumbar surgery, and medications. The injured worker also was noted to have undergone bilateral L5 epidural steroid injections on 04/30/2013, which provided 60% relief of symptoms for 2 months and improved his ability to walk and sleep. An MRI performed on 08/06/2009 was noted to reveal left L5 and S1 nerve root swelling. His surgical history included a left L5-S1 hemilaminotomy in 2003. On 03/24/2014, the injured worker presented with complaints of low back pain with radiation to the left leg. He specifically described radiating pain to his left posterior thigh and calf, and into the left third through fifth toes. He rated his pain 10/10. His physical examination revealed a positive left straight leg raise, normal deep tendon reflexes bilaterally, decreased motor strength in the left EHL, bilateral ankle dorsiflexors, left ankle plantar flexors, and left hip flexors. He was also noted to have decreased sensation over an L5 and S1 dermatomal distribution on the left side. His medications included Nucynta and Lyrica. The treatment plan included medication refills, a urine drug screen, and bilateral L5 epidural steroid injections. The injections were recommended based on his benefit from a previous injection. The Request for Authorization form was submitted on 04/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Bilateral Transforaminal Lumbar Epidural Steroid Injection L5-S1: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, repeat epidural steroid injections should be based on continued objective documented pain and functional improvement, with at least 50% pain relief and reduction of medication use for 6 to 8 weeks after previous injections. The clinical information submitted for review indicated that the injured worker had a previous epidural steroid injection bilaterally at L5-S1 on 04/30/2013, which had provided 60% pain relief for 2 months, increased function, and it was noted that he stopped medication use after the injection. Therefore, the criteria for a repeat block has been met, as the injured worker had at least 50% pain relief for at least 6 to 8 weeks, with increased function and decreased medication use. Therefore, the requested service is medically necessary.