

<b>Case Number:</b>	CM14-0093883		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/31/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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, has a subspecialty in 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 43 year old male who was injured on 07/31/14 due to cumulative trauma. The injured worker complains of pain in the low back, right buttocks and right lateral leg. The pain is associated with intermittent tingling, numbness and weakness. An MRI of the lumbar spine dated 12/17/13 reveals facet arthropathy in the lower lumbar levels and no central foraminal stenosis at levels L1-2 through L4-5. At L5-S1 a broad-based disc bulge is noted with severe right and moderate left foraminal stenosis. Concern is noted for impingement of the exiting right L5 nerve root. The injured worker is diagnosed with lumbar spondylosis and lumbar or thoracic radiculopathy. Treatment has included physical therapy, aquatic therapy, medication management and a right L5-S1 interlaminar epidural steroid injection performed on 04/29/14. Pain management re-evaluation report dated 05/22/14 notes the injured worker experienced modest improvement in low back pain with the ESI(Epidural Steroid Injection) but obtained no improvement with radiation of pain in the right buttock and lower extremity. Physical examination on this date reveals tenderness to palpation over the bilateral lumbar paravertebral musculature, decreased ROM(Range of Motion) particularly with extension and external rotation and tenderness to palpation over the right buttock, piriformis and sciatic notch. Sitting SLR is positive on the right at 25 and negative on the left. Examination of the lower extremities reveal full strength bilaterally, 2+ and equal reflexes bilaterally and decreased sensation to light touch about the L5 and S1 distribution on the right. This note includes a request for a second right sided lumbar ESI, transforaminal approach. This request was denied by UR dated 06/11/14 due to a lack of reported improvement following the initial ESI which complies with Medical Treatment Guidelines. This is an appeal request for a right L5-S1 transforaminal ESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L5-S1 transforaminal epidural injection.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 2. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back & Lumbar Thoracic (Acute & Chronic)

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

**Decision rationale:** The request for a right L5-S1 transforaminal epidural injection is not recommended as medically necessary. MTUS Chronic Pain Medical Treatment Guidelines state, "repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks." The records submitted for review indicate the injured worker did not experience any improvement in right lower extremity pain following the initial ESI. Records indicate the injection provided "moderate" relief of low back pain. A measurable amount of relief was not submitted and the duration of maintained relief was not indicated. Based on the clinical information submitted for review, medical necessity of a right L5-S1 transforaminal epidural injection is not established.