

<b>Case Number:</b>	CM14-0209924		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	07/18/2005
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 07/18/05. Treatments included a lumbar laminotomy in December 2013. She continues to be treated for radiating low back pain. She was seen on 05/19/14. She had improved after taking Medrol. She was participating in physical therapy. Physical examination findings included lumbar spine and left sciatic notch and sacroiliac joint tenderness. There was decreased lower extremity sensation bilaterally with decreased right lower extremity strength. She had a guarded gait and was wearing a right ankle foot orthosis. Authorization for additional physical therapy was requested. On 09/08/14 she had acute right lower extremity pain over 2-3 weeks. Pain was radiating into her foot. EMG/NCS testing was pending for the next day. A recent MRI on 09/02/14 was reviewed showing right lateralized stenosis at L3-4. Authorization for a transforaminal epidural injection was requested. On 10/08/14 she had developed a foot drop. EMG/NCS testing had shown findings of multilevel chronic right-sided denervation. On 10/10/14 the claimant underwent a right L4-5 transforaminal epidural steroid injection. On 11/12/14 she had recurrent right lower extremity pain. The epidural injection had lasted for about one month. She was having ongoing radiating right lower extremity pain. Physical examination findings appear unchanged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal ESI at right L5-S1 series of 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections 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 10 years status post work-related injury and continues to be treated for radiating low back pain. She underwent a right L4-5 Transforaminal epidural steroid injection in October 2014 which lasted for about one month. Guidelines recommend that, in the therapeutic phase, repeat injections 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. In this case, when seen by the requesting provider less than one month later any efficacy from the injection had not lasted. Additionally, a series of injections in either the diagnostic or therapeutic phase is not recommended. Therefore, the requested repeat lumbar epidural steroid injections are not medically necessary.