

<b>Case Number:</b>	CM15-0100258		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	06/27/2006
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 was a 60-year-old male, who sustained an industrial injury, June 14, 2006. The injured worker was injured when a backhoe dropped causing a serve jolt to the injured worker's back. The injured worker previously received the following treatments medial branch of the posterior ramus at right L3, L4 and L5, Norco, Celebrex, Gabapentin, lumbar exercises, lumbar spine MRI and annular tear L2-L3. The injured worker was diagnosed with lumbar spondylosis without myelopathy/facet syndrome with chronic back pain, chronic pain due to trauma, lumbosacral spondylosis without myelopathy, disc displacement with radiculitis lumbar, sacroilitis of the left S1 joint. According to progress note of February 11, 2015, the injured workers chief complaint was chronic low back pain with radiation of pain into the lower right extremity. The injured worker received refractory lesioning at left L3, L4 L5. The back pain was decreased by 65% with increased activities and functional improvement. The physical exam noted facet tenderness at the right lumbar facet. There was facet loading on the right. The injured worker walked with a normal gait. The treatment plan included left transforaminal epidural steroid injections at L3-L4 and L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left transforaminal epidural steroid injection at L3-L4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

**Decision rationale:** The patient underwent multiple previous LESI with reported 65% pain relief and improvement for 4 weeks. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electro diagnostic testing. Although the patient has radicular symptoms with clinical findings of such, to repeat a LESI in the therapeutic phase, 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, not the case here. Submitted reports are unclear with level of pain relief and duration of benefit. Submitted reports have not demonstrated any functional improvement derived from the LESI as the patient has unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased functional status or activities of daily living. Criteria to repeat the LESI have not been met or established. The Left transforaminal epidural steroid injection at L3-L4 is not medically necessary and appropriate.

**Left transforaminal epidural steroid injection at L4-L5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

**Decision rationale:** The patient underwent multiple previous LESI with reported 65% pain relief and improvement for 4 weeks. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electro diagnostic testing. Although the patient has radicular symptoms with clinical findings of such, to repeat a LESI in the therapeutic phase, 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, not the case here. Submitted reports are unclear with level of pain relief and duration of benefit. Submitted reports have not demonstrated any functional improvement derived from the LESI as the patient has unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased functional status or activities of daily living. Criteria to repeat the LESI have not been met or established. The Left transforaminal epidural steroid injection at L4-L5 is not medically necessary and appropriate.

