

<b>Case Number:</b>	CM15-0102061		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	10/20/2008
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 52-year-old female, who sustained an industrial injury on 10/20/2008. Diagnoses include lumbar radiculopathy, left knee neuropathic pain, low back pain, status post arthroscopic meniscal tear of the left knee and left lower extremity neuropathy. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), transforaminal epidural steroid injections and medications including Oxycodone, Norco and Valium. Per the Primary Treating Physician's Progress Report dated 3/27/2015, the injured worker reported low back pain rated as 7-8/10 and left knee pain rated as 10/10 using a subjective numerical scale from 0-10. Physical examination of the lumbar spine revealed an antalgic gait on the left, spasm, and guarding to the paravertebral muscles. There was decreased range of motion upon lateral bending and extension. Lower extremity examination revealed tenderness to palpation over the lateral left knee with mild swelling and erythema. The plan of care included injections and authorization was requested for a 3rd bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3rd Transforaminal Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injection.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic.

**Decision rationale:** The claimant sustained a work injury in October 2008 and continues to be treated for radiating back pain. She underwent bilateral transforaminal epidural steroid injections in October 2014 working with reported improvement of at least 50% lasting for 6-8 weeks. In December 2014, her pain had returned and a second injection was performed on 02/09/15. When seen six weeks later there had been 75% pain relief lasting for four weeks after the injection and there was continuing 50% pain relief. She had been able to decrease the use of oral medications. The assessment references her pain as appearing to be returning to baseline. Authorization for a third diagnostic epidural injection was requested. In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. In this case, a third diagnostic injection is being requested. It is not considered medically necessary.