

<b>Case Number:</b>	CM15-0103678		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	08/08/2008
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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, 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 48-year-old male, who sustained an industrial injury on 08/08/2008. He has reported injury to the low back. The diagnoses have included lumbar radiculopathy; lumbar stenosis at L4-L5 and L5-S1; and bilateral L5 pars defect. Treatment to date has included medications, diagnostics, transforaminal epidural steroid injections; and bilateral L4-L5 and L5-S2 medial branch block. Medications have included Norflex, Gabapentin, Relafen, Cymbalta, Ambien, and Senna. A progress note from the treating physician, dated 04/15/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant low back pain and right leg pain; increased pain since his previous appointment; increased burning pain that radiates down his leg and into his right heel; pain is rated at an 8/10 on the pain scale; his pain is affecting his quality of life; having trouble sleeping, averaging six hours of interrupted sleep; he feels very tired throughout the day and feels very moody; lying down and stretching help ease the pain; and his medications are helping decrease his symptoms. Objective findings included markedly antalgic gait; range of motion of the lumbar spine is decreased in all planes; decreased sensation to right L3, L4, L5, and S1 dermatomes; tenderness to palpation of the lumbar spine and into the right paraspinal region with spasms noted; and positive straight leg raising test on the right with pain to the foot. The treatment plan has included the request for transforaminal epidural steroid injection (TESI) on the right side L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Steroid Injection (TFESI) on the right side L5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** Regarding the request for repeat Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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," with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is no indication that previous epidural injections have provided at least 50% pain relief with functional improvement and reduction in medication use for at least six weeks. In fact, the progress note dated 2/18/15 in which the treatment plan lists a repeat epidural as part of the plan does not contain commentary on the efficacy of prior injections. In the absence of such documentation, the currently requested repeat Lumbar epidural steroid injection is not medically necessary.