

<b>Case Number:</b>	CM15-0108810		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	05/20/1998
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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 56 year old male who sustained an industrial injury on 05/20/1998. Diagnoses include L4-L5 degenerative disc disease, bilateral neural foraminal stenosis at L4-5 and weakness on the right foot extensors due to chronic radiculopathy. Treatment to date has included diagnostic studies, status post right sided hemilaminectomy, partial medial facetectomy and removal of facet cyst at L4-5 on 08/03/2012, lumbosacral epidural injection, medications, and use of a cane. Medications include Amrix and Nucynta. A physician progress note dated 04/27/2015 documents the injured worker complains of back pain. His pain is described as severe and it radiates up to his head, lower back buttocks, hip, leg and knee. He rates his pain as an 8 on a pain scale of 1 o 10, and symptoms are constant. The lumbar spine is tender with limited motion. He still walks with a cane. There is documentation that the injured worker had good results with the initial injection and a second is being requested. Treatment requested is for right L4-L5 epidural steroid injection, under fluoroscopy and Myelography, lumbosacral, radiological supervision, per 05/13/15 order.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-L5 epidural steroid injection, under fluoroscopy and Myelography, lumbosacral, radiological supervision, per 05/13/15 order:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/9355063>.

**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, diagnostic.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for radiating low back pain. When seen, a lumbar epidural steroid injection in January 2015 had provided several weeks of pain relief. There was lumbar spine tenderness and he was ambulating with a cane. Guidelines recommend that at the time of initial use of an epidural steroid injection (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. There should be an interval of at least one to two weeks between injections. In this case, there was pain relief after the first injection nearly 2 months before. The requested second epidural steroid injection meets the applicable criteria and was therefore medically necessary.