

<b>Case Number:</b>	CM15-0135105		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 54-year-old male who sustained an industrial /work injury on 7/18/11. He reported an initial complaint of back pain. The injured worker was diagnosed as having post laminectomy syndrome, and arachnoidites. Treatment to date includes medication, surgery (right side L5-S1 laminectomy/laminectomy L5-S1 on 10/27/11, addition lumbar spine surgery 2012, spinal cord stimulator in 10/2013), physical therapy, diagnostics, and epidural steroid injections. MRI results were reported on 9/19/14 that documented at L4-5 annular bulge with mild to moderate facet and mild ligamentum flavum hypertrophy, mild right foraminal stenosis, and effacement of the thecal sac and left foramen and lateral recesses are patent, post op changes, 3-4 mm annular bulge with a 4-5 right foraminal protrusion, moderate right and mild left foraminal stenosis, mild narrowing of the S1 lateral recess secondary to facet spurring. EMG/NCV (electromyography and nerve conduction velocity test) on 7/30/14 demonstrates evidence for acute, ongoing right lumbar radiculopathy along the L4-S1 distribution. Currently, the injured worker complained of lower lumbar region pain, unchanged, constant. The pain radiates into the posterior extremity ending at the knee on the left and progressing into the foot on the right associated with loss of sensation, significant weakness and considerable discomfort. Per the primary physician's report (PR-2) on 6/8/15, exam noted ambulation with a cane, decreased sensation at L4-5-S1 on the left, positive straight leg raise at 70 degrees on the right, palpation reveals tenderness in the bilateral latissimus dorsi, quadratus lumborum, gluteus maximus, gluteus medius, and lumbar paraspinals, increased pain with facet loading with extension and rotation bilaterally. The requested treatments include lumbar transforaminal epidural steroid injection, L4, L5 and S1 (sacroiliac).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Transforaminal Epidural Steroid Injection, L4, L5 and S1 (sacroiliac):** Overturned

**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(s): 46.

**Decision rationale:** Per the MTUS Chronic Pain Guidelines (page 46), in order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications). The MTUS clearly states that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. While the patient only reports a prior injection as providing about 3 weeks of improvement, the provided documents indicate that the improvement was at a level of 80%. While ideally injections will provide 6-8 weeks of relief, given the recommendations for epidural steroid injections as written in the MTUS guidelines and the provided records indicating that conservative treatment have failed to control pain at this time, the request for epidural steroid injection is considered medically appropriate and reasonable in hopes that another series will result in longer acting non-operative relief.