

<b>Case Number:</b>	CM15-0135761		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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 28 year old male, who sustained an industrial injury on 1/10/12. The injured worker has complaints of low back pain with bilateral lower extremity radiating pains with bending and sitting and standing for extended periods. The documentation noted that there is tenderness of the left more than right lower lumbar paraspinal at L5 and S1 (sacroiliac). The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included lumbar epidural injections; electrodiagnostic test on 2/12/14 revealed mild chronic L5 radiculopathy on the left; magnetic resonance imaging (MRI) on 5/2/13 revealed a 3 millimeter broad-based disc bulge at L5-S1 (sacroiliac) with focal central annular tear and moderate right neural foraminal stenosis with probable abutment of the exiting right L5 nerve root; physical therapy; home exercise program; compound pain cream; flexeril; lyrica; ibuprofen or naproxen; tramadol and lidocaine patches. The request was for bilateral L5 transforaminal epidural steroid injections x 2 for bilateral lower extremity radiation symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5 transforaminal epidural injection x 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant sustained a work injury in January 2012 and continues to be treated for radiating back pain. Treatments have included physical therapy, medications, and epidural injections. He underwent a third epidural injection in January 2014. When seen, he was having back pain and bilateral lower extremity radicular pain with bending and sitting and standing for extended periods of time. Physical examination findings included a BMI of over 28. There was lower extremity normal strength and sensation. Straight leg raising caused back pain. There was lumbar paraspinal muscle tenderness and decreased range of motion with pain. In the therapeutic phase guidelines recommend that repeat injections 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. In this case, the degree and duration of any pain relief following the previous injection is not documented. The requested repeat lumbar epidural steroid injection was not medically necessary.