

<b>Case Number:</b>	CM15-0135763		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	12/29/2005
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	07/01/2015
<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:

This 34 year old man sustained an industrial injury on 12/29/2005. The mechanism of injury is not detailed. Diagnoses include lumbar disc herniation, lumbar disc degeneration, chronic low back pain, and radiculopathy. Treatment has included oral and topical medications. Physician notes dated 6/10/2015 show complaints of low back pain rated 8/10 with radiation to the bilateral lower extremities. Recommendations include epidural steroid injection and follow up in one week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Transforaminal Epidural Steroid Injection at right L5-S1:** Upheld

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

**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 has a remote history of a work injury occurring in December 2005 and is being treated for radiating low back pain. The claimant underwent a lumbar fusion in

September 2009. An MRI of the lumbar spine in August 2011 is referenced as showing evidence of the fusion but otherwise was negative. Electrodiagnostic testing in February 2012 was negative. He underwent a lumbar epidural injection in 2012 which is reported as having helped. When seen, the duration of benefit could not be recalled by the claimant. The degree of benefit was not documented. Physical examination findings included decreased right lower extremity sensation with negative straight leg raising. 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 of pain relief following the previous injection is not documented. There are no corroborating findings by imaging or electrodiagnostic testing. The requested repeat lumbar epidural steroid injection was not medically necessary.