

<b>Case Number:</b>	CM15-0138764		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	04/11/2011
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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 44 year old male who sustained an industrial injury on 4/11/11. He was carrying a 5-gallon bucket of concrete sealer in each hand and as he was going down a hill, he noted the onset of discomfort in his right elbow and low back. He was medically evaluated and had lumbar surgery in 7/2011. He later (9/16/13 injured his low back, left leg and foot and on 12/17/13 injured his right knee. He currently complains of intermittent low back pain with occasional pain in the left thigh, numbness in the left leg down to the foot. His pain level was 4-5/10. On physical exam of the lumbar spine, there was moderate restriction with range of motion. Medications were Norco, gabapentin, Etodalac. Diagnoses include lumbar radiculopathy; lumbar disc degeneration; lumbar post laminectomy syndrome; chronic low back pain with left thigh pain suggesting lumbar radiculitis. Treatments to date include psychiatric evaluation (1/30/15); L5-S1 lumbar interlaminar epidural steroid injection (5/15/15); epidural steroid injection (9/2014). A report dated 12/9/14 indicated a 50-60% improvement in left lower extremity radicular symptoms for six to eight weeks after the 9/30/14 injection. Diagnostics include MRI of the lumbar spine (9/30/13) showing post-operative changes and small disc protrusion. In the progress note dated 5/20/15 the treating provider's plan of care includes a request for one L5-S1 lumbar interlaminar epidural steroid injection under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One L5-S1 lumbar interlaminar epidural steroid injection under fluoroscopy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 sustained a work injury in April 2011 and is being treated for intermittent low back pain with occasional lower extremity radiating symptoms. An epidural injection in September 2014 is referenced as providing 50-60% improvement in left lower extremity radicular symptoms lasting for 6-8 weeks. When seen, physical examination findings included positive left straight leg raising with lumbar paraspinal muscle tenderness and spasms. There was decreased left lower extremity sensation. Being requested is authorization for a second epidural injection. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid 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, with a general recommendation of no more than 4 blocks per region per year. In this case, the claimant had a positive response after the first injection that fulfills the above criteria and had ongoing findings of radiculopathy. The requested epidural injection is within applicable guidelines and is medically necessary.