

<b>Case Number:</b>	CM15-0143264		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 55 year old female who sustained an industrial injury on 06-28-2013. Mechanism of injury was not found in documentation presented for review. Diagnoses include left lumbar radiculitis, lumbosacral neuritis, and left carpal tunnel syndrome-status post release on 06/04/2015. Treatment to date has included diagnostic studies, medications, status post right carpal tunnel and right Guyon's triangle release, left carpal tunnel release, epidurogram, epidural steroid injection, and use of fluoroscopic guidance, and occupational therapy. On 02-27-2015 a Magnetic Resonance Imaging of the lumbar spine showed L5-S1 small focal left lateral disc protrusion contacting the descending left S1 nerve root in the left lateral recess, and mild degenerative changes at L2-3, L3-4 and L4-5 but without significant neural impingement. On 03-08-2015 an Electromyography revealed right carpal tunnel syndrome, right ulnar sensory neuropathy and left carpal tunnel syndrome. A physician progress note dated 06-22-2015 documents the injured worker complains of persistent back and leg pain. There is no tingling or numbness. She had an epidural steroid injection which did work for a few weeks. She has a negative straight leg raise. There is hyperreflexia from long-standing myelopathy. She is status post left carpal tunnel release, she has no pain, or numbness or tingling in the left hand. The treatment plan is for exercising her hand. Treatment requested is for Lumbar transforaminal epidural steroid injection at left L5-S1 under fluoroscopic guidance.

### 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 at left L5-S1 under fluoroscopic guidance:** Overturned

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

**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 (ESIs), therapeutic.

**Decision rationale:** The claimant sustained a work injury in June 2013 and continues to be treated for back and radiating left leg pain. Treatments have included physical therapy and Medrol. When seen, she was having persistent symptoms. Straight leg raising was positive. Assessments document eight decreased left ankle reflex. An MRI in February 2015 included findings of a left lateralized L5-S1 disc protrusion affecting the left S1 nerve root. She underwent a two level transforaminal epidural injection on 05/20/15. She had four days of pain relief and then had a return of pain and was seen in an emergency room. She was seen 10 days after the injection and had been a 60% pain relief. A second epidural injection was performed. In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. A second block is also not indicated if the first block is accurately placed unless there is a question of the pain generator, there was possibility of inaccurate placement, or there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, the claimant had 60% pain relief after the first injection but had persistent symptoms. Imaging results correlate with findings of radiculopathy and there is lower extremity reflex asymmetry also consistent with these findings. The requested second epidural steroid injection was medically necessary.