

<b>Case Number:</b>	CM15-0143433		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	09/01/2015	<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:

This 52-year-old male sustained an industrial injury on 10-18-12. He subsequently reported low back pain. Diagnoses include lumbar disc displacement without myelopathy and sleep disturbance. Treatments to date include prescription pain medications. The injured worker continues to experience low back pain, left lower extremity pain and right lower extremity pain as well as poor sleep and headaches. Upon examination, lumbar range of motion is restricted. Tenderness is noted over the sacroiliac spine. Straight leg raising test is positive on the right. Bilateral knee range of motion is restricted, limited due to pain. Sensory examination reveals light touch sensation decreased over L4, L5, S1 dermatomes on the right side. The treating physician made a request for Lumbar transforaminal epidural steroid injection at Right L4-S1.

### 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 Right L4-S1:** Upheld

**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 Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

**Decision rationale:** The claimant sustained a work injury in October 2012 and continues to be treated for low back and bilateral lower extremity pain. When seen, pain was rated at 4-5/10. A spinal cord stimulator trial was being considered. There had been benefit lasting for three months from a prior spinal injection, which was done in August 2013. Physical examination findings included an antalgic gait. There was decreased and painful lumbar spine range of motion with positive facet loading and positive straight leg rising. There was sacroiliac tenderness. There was decreased right lower extremity strength and sensation. Authorization for a L4-S1 transforaminal epidural steroid injection procedure was requested. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection 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. Additionally, it is unclear whether two or three levels are being requested and guidelines recommend up to two levels using a transforaminal approach. The requested repeat lumbar epidural steroid injection was not medically necessary.