

<b>Case Number:</b>	CM15-0162223		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 34 year old female, who sustained an industrial injury on October 13, 2011. The injured worker was diagnosed as having lumbago. Treatment to date has included medication and acupuncture. A progress note dated July 30, 2015 provides the injured worker complains of low back and left leg pain rated 6 out of 10. She reports acupuncture is helpful. Physical exam notes lumbar and lumbosacral tenderness to palpation with decreased range of motion (ROM). The plan includes Flexeril, Meloxicam, hot and cold therapy, acupuncture and transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-L5 transforaminal epidural steroid injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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-related injury in October 2011 and is being treated for left sided leg pain. Treatments have included an epidural steroid injection done on 01/17/14 with a reported 70% decreased pain lasting for six months. In June 2015, pain was rated at 7/10. There was lumbar spine tenderness with decreased range of motion. There was decreased left lower extremity sensation. Slump testing was positive. A repeat lumbar transforaminal epidural steroid injection was requested. Electrodiagnostic testing in February 2012 was positive for left lumbar radiculopathy. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than four blocks per region per year. In this case, the claimant had a reported 70% decreased in pain lasting for 6 months after the injection in January 2014 and has physical examination findings and electrodiagnostic testing consistent with a diagnosis of left lumbosacral radiculopathy. The requested repeat epidural injection is within applicable guidelines and is medically necessary.