

<b>Case Number:</b>	CM15-0165503		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	01/15/2015
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 56 year old male, who sustained an industrial injury on 01-15-2015. He has reported subsequent low back pain and was diagnosed with lumbar sprain and strain. MRI of the lumbar spine dated 03-23-2015 showed partial L4-L5 disc desiccation, posterior annular fissure and diffuse disc bulge of at least 4 mm with mild impingement on exiting L5 nerves, L2-L3 and L3-L4 posterior annular fissures and diffuse bulge measuring 4 mm or less with arthropathy and less severe annulus bulging at L1-L2 and L5-S1. Treatment to date has included oral pain medication, 6 sessions of chiropractic therapy, splints and acupuncture treatment. Chiropractic treatment was noted to help with pain control and function. Work status was documented as modified. In a progress note dated 02-05-2015, the injured worker was noted to feel worse. The injured worker's pain was noted to have improved slowly until the week prior when "the supervisor made him do full duty and he developed pain traveling to the left thigh and was unable to work the following day due to flare up." Objective examination findings were notable for decreased range of motion of the thoracic and lumbar spine, moderate pain and tightness of the lumbar and thoracic spine, parathoracic and paralumbar muscle tenderness on the left and positive bilateral seated straight leg raise. On 06-30-2015 left L4 and L5 transforaminal epidural steroid injection and epiduralogram were performed for an indicated diagnosis of lumbar discogenic and radicular pain. A request for authorization of lumbar transforaminal epidural steroid injection at left L4 and L5, #2 injection was submitted.

## 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 L4 and L5, #2 injection:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The claimant sustained a work injury in January 2015 and is being treated for radiating low back pain. On 06/30/15 left transforaminal epidural steroid injections were done. An MRI of the lumbar spine in March 2015 included findings of multilevel disc bulging with mild neural impingement. Electrodiagnostic testing in April 2015 was positive for radiculopathy. When seen on 07/20/15, there had been an 85% improvement after the injection with improved activities of daily living. There was decreased lumbar range of motion with lumbar tenderness. There was decreased left lower extremity strength with positive left straight leg raising. In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. In this case, the claimant has already had an epidural steroid injection with a positive diagnostic response. A repeat diagnostic epidural steroid injection is not medically necessary and consideration of a repeat therapeutic epidural steroid injection would require a longer period of follow-up to evaluate for objective evidence of pain and functional improvement. The requested second injection is not medically necessary at this time.