

<b>Case Number:</b>	CM15-0181803		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51-year-old female, who sustained an industrial injury on 10-24-13. She reported low back and left leg pain. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar herniated disc, and lumbosacral radiculopathy. Treatment to date has included left L5-S1 and left S1 transforaminal epidural steroid injections on 7-10-15, physical therapy exercises, and Ibuprofen. On 7-21-15 the treating physician noted the previous transforaminal epidural steroid injections "decreased her pain from 4 of 10 to 3 of 10." Physical examination findings on 7-21-15 included minimal tenderness to palpation in the lumbosacral paraspinal musculature. A straight leg raise was positive on the left. Decreased sensation to touch was noted in the left L5 and S1 dermatomes. A MRI was noted to have revealed left sided L5-S1 disc herniation with displacement of the left descending S1 nerve and moderate disc degenerative changes at that level. Currently, the injured worker complains of left leg pain rated as 3 of 10 with numbness in the left foot and ankle. The treating physician requested authorization for a repeat lumbar transforaminal epidural steroid injection at left L5-S1. On 8-18-15, the request was non-certified. The utilization review physician noted, "There needs to be at least 50% pain relief with associated reduction of medical use for 6 to 8 weeks. Furthermore, there is no indication that the patient had a reduction of medication or an improvement in work status immediately following the epidural injection."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat lumbar transforaminal epidural steroid injection at left L5-S1 level: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The 51 year old patient presents with L5-S1 HNP and lumbar sprain, as per progress report dated 07/24/15. The request is for Repeat lumbar transforaminal epidural steroid injection at left L5-S1 level. There is no RFA for this case, and the patient's date of injury is 10/24/13. Diagnoses, as per progress report dated 07/24/15, included sprain in the lumbar region and sciatica. As per progress report dated 07/21/15, the patient is experiencing left lower back pain along with numbness in left foot and ankle. Diagnoses included lumbar degenerative disc disease, lumbar herniated disc, and lumbosacral radiculopathy. The patient is on modified duty, as per progress report dated 07/24/15. The MTUS Guidelines has the following regarding ESI under Epidural Steroid Injections (ESIs) section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "In the therapeutic phase, repeat blocks 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." ODG guidelines, chapter Low Back -Lumbar & Thoracic (Acute & Chronic) under Epidural steroid injections (ESIs), therapeutic state: At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) 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 patient is status post lumbar epidural steroid injection on 07/10/15, as per the operative report. The current request for repeat ESI is noted in progress report dated 07/21/15. The treater states "The first injection did seem to help with her pain symptoms; however, she continues to have numbness. I am requesting a second one, this may result in greater pain relief." As per the same report, the ESI helped reduce pain from 4/10 to 3/10. In a prior report dated 06/23/15, the treater states that the patient has undergone ESIs in the past "which have helped with her symptoms," indicating the patient has had more than one epidural injections in the past. Nonetheless, pain relief due to the most recent injection does not appear to be significant. Additionally, the treater does not document "continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks," as required by MTUS for repeat injections. Hence, the request is not medically necessary.