

<b>Case Number:</b>	CM15-0187521		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 65 year old, male who sustained a work related injury on 6-22-12. A review of the medical records shows he is being treated for low back pain. MRI on 7/3/12 shows encroachment on the left S1 root. Treatments have included physical therapy (significant benefit) and 3 lower back injections ("significant benefit"). In the last few progress notes, the injured worker reports "severe" at times low back pain. He has intermittent radiating pain into his legs. On physical exam dated 8-28-15, he walks with an antalgic gait. He has weakness in his extensor hallucis longus muscle and tibialis anterior with a 4 out of 5. He has a positive straight leg raise. He is not working. The treatment plan includes a recommendation for an epidural steroid injection at L5-S1, transforaminal, left-sided. In the Utilization Review dated 9-14-15, the requested treatment of a left sided epidural steroid injection at L5-S1, transforaminal x 3 is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left sided epidural steroid injection at L5-S1 transforaminal times 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** Regarding the request for Left sided epidural steroid injection at L5-S1 transforaminal times 3, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. As such, the currently requested Left sided epidural steroid injection at L5-S1 transforaminal times 3 is not medically necessary.