

<b>Case Number:</b>	CM15-0188649		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 55 year old female, who sustained an industrial injury on 9-12-2011. The medical records indicate that the injured worker is undergoing treatment for lumbar disc degeneration, chronic pain, lumbar disc displacement, lumbar radiculopathy, lumbar spinal stenosis, and lumbar sprain-strain. According to the progress report dated 7-27-2015, the injured worker presented with complaints of constant low back pain with radiation down the bilateral lower extremities, associated with weakness, as well as numbness and tingling in the left lower extremity. The pain is described as moderate-to-severe, aching, pins and needles, sharp, stabbing, and throbbing. In addition, she notes occasional, severe muscle spasms in her low back. On a subjective pain scale, she rates her pain 6 out of 10 with medications and 9 out of 10 without. She reports ongoing activity of daily living limitations with ambulation, travel, and sleep. The physical examination of the lumbar spine reveals tenderness to palpation in the spinal vertebral area L4-S1 levels, significant pain with flexion and extension, decreased sensitivity in the left lower extremity, and positive straight leg raise test on the left. The current medications are Naproxen and Norco. Previous diagnostic studies include x-rays, electrodiagnostic testing (normal study from 10-29-2014), and MRI studies. The MRI report from 3-21-2015 shows annular fissure at L5-S1, disc desiccation at L3-4 down to L5-S1, diffuse disc herniation L2-3 and L3-5, and broad-based disc herniation at L4-5 and L5-S1. Treatments to date include medication management, physical therapy (helpful), acupuncture (temporary benefit), chiropractic (helpful), and epidural steroid injection (temporary benefit). Work status is

described as not working. The original utilization review (9-15-2015) had non-certified a request for lumbar epidural steroid injection at levels L4-5 and L5-S1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lumbar epidural steroid injection at levels L4-5 and L5-S1: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic.

**Decision rationale:** The claimant sustained a work injury in September 2011 when she fell while climbing up cement steps at a worksite. She was seen by the requesting provider for an initial evaluation on 07/27/15. She was having low back pain radiating into the lower extremities. Pain was rated at 6-9/10. Prior treatments had included a lumbar epidural injection with temporary benefit. An MRI of the lumbar spine in January 2012 showed findings of multilevel disc protrusions with a possible extrusion at L4/5. There was slight foraminal narrowing. Physical examination findings included a body mass index of nearly 46. There was a slow gait. There was lumbar spine tenderness and pain with flexion and extension. There was positive left straight leg raising with decreased left lower extremity sensation. Authorization is being requested for a diagnostic left two level transforaminal epidural injection. 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 and duration of any pain relief following the previous injection is not documented. In terms of a repeat diagnostic epidural steroid injection, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. A second block is also not indicated if the first block is accurately placed unless there is a question of the pain generator, there was possibility of inaccurate placement, or there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. In this case, the claimant's response to the first injection is not documented and the procedure itself is not described in terms of the technique used and technical success or failure of the procedure.