

<b>Case Number:</b>	CM15-0192353		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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 8-1-12. Current diagnoses or physician impression include lumbar spine sprain-strain, lumbar spine grade I spondylolisthesis of L5-S1 and grade I retrolisthesis of L4-L5, lumbar spine degenerative disc disease and lumbar spine interval development of mild to moderate Schmorl's node involving the posterior superior endplate of L5 with mild surrounding edematous endplate reactive changes. His work status is temporary total disability. Notes dated 7-22-15 - 9-2-15 reveals the injured worker presented with complaints of constant low back pain that radiates to his legs and is associated by numbness, tingling, burning, muscle spasms, and hypersensitivity with occasional bladder control loss. He describes the pain as sharp, stabbing, shooting, tiring pain, which is cramping, burning and unbearable and is rated at 6 out of 10. The pain is increased with sitting, walking, standing, stress, fatigue, cold, bending forward ascending and descending stairs. The pain is decreased by lying down, physical therapy, aquatic therapy, cold and heat, massage and medications. He also reports painful, reduced back mobility. A physical examination of the lumbar spine, dated 9-2-15, revealed tenderness to palpation over the bilateral L5-S1, left sciatic notch and left posterior thigh. Treatment to date has included medications, which reduce his pain from 8 out of 10 to 3-6 out of 10, left trochanteric bursa and left sacroiliac joint steroid injections provided good relief, per note dated 8-24-15. Home exercise program is improving his flexibility, range of motion and strength, per note dated 8-5-15. Diagnostic studies to date have included lumbar MRI (2014), x-rays (2012) and electrodiagnostic study (2013). A request for authorization dated 8-24-15 for lumbar epidural steroid injection at L5-S1 is denied, per Utilization Review letter dated 9-16-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lumbar ESI at L5-S1: Upheld**

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

**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 August 2012 when he spilled while pushing a pallet up a slope. When seen, his pain management care was being transferred. He was having right shoulder, bilateral buttock, and low back pain into the groin and right greater than left leg. He had increased low back pain. He was unable to wean his medications. Physical examination findings included decreased lumbar range of motion with pain. There was right anterior thigh and left lateral calf and left dorsal foot sensation. There was an antalgic gait. A left sacroiliac joint, greater trochanteric bursa, and piriformis injection was performed. A lumbar epidural steroid injection is being requested. The claimant's body mass index is over 50 and he has a past medical history that includes diabetes, hypertension, obstructive sleep apnea, and osteoarthritis. On 08/14/15, he was being seen by another provider for a repeat lumbar epidural steroid 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 claimant underwent a repeat lumbar epidural steroid injection just 10 days before this request with that procedure performed by another provider. Requesting another epidural steroid injection without adequately reviewing the claimant's recent treatments was not appropriate. Additionally, the claimant underwent multiple left sided procedure when the request was made. A reassessment after these would be requiring before considering further interventional care. The requested lumbar epidural steroid injection is not considered medically necessary.