

<b>Case Number:</b>	CM15-0192600		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	02/10/2015
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/22/2015
<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: California, Hawaii  
 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 60 year old female who sustained an industrial injury 02-10-15. A review of the medical records reveals the injured worker is undergoing treatment for bilateral lumbar radiculopathy secondary to moderate bilateral neural foraminal stenosis at L5-S1. Medical records (08-27-15) reveal the injured worker complains of increasing back pain. The physical exam (08-27-15) reveals the injured worker has thoracolumbar spinal tenderness as well as restricted range of motion. Prior treatment includes medications. The original utilization review (09-22-15) non certified the request for a Lumbar epidural steroid injection at 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 L5-S1: Overturned**

**Claims Administrator 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), Pain (Chronic) - Epidural steroid injections (ESIs).

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

**Decision rationale:** The patient presents with diagnosis that include bilateral lumbar radiculopathy secondary to moderate bilateral neural foraminal stenosis at L5-S1. The patient currently complains of increasing back pain. The current request is for Lumbar epidural steroid injection L5-S1. The treating physician states in the treating report dated 8/27/15 (17B), "At this point I am recommending that she proceed with a trial of lumbar epidural injections at the L5-S1 level." MTUS Guidelines support the usage of ESI for the treatment of radicular pain that must be documented in physical examination and corroborated by diagnostic imaging - testing. Additionally, the radicular pain should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Finally, 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. MTUS specifies that no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. In this case, based upon the clinical history provided the patient is diagnosed with radicular pain that is corroborated by diagnostic imaging as evident in the MRI dated 2/25/15 (70B). Conservative treatment has failed to provide the patient any sustainable relieve. The current request is medically necessary.