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| <b>Case Number:</b>   | CM15-0195473 |                              |            |
| <b>Date Assigned:</b> | 10/09/2015   | <b>Date of Injury:</b>       | 03/24/2015 |
| <b>Decision Date:</b> | 11/19/2015   | <b>UR Denial Date:</b>       | 09/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/05/2015 |

### 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 60 year old male, who sustained an industrial injury on 03-24-2015. He has reported injury to the right hip and low back. The diagnoses have included right hip sprain; lumbar spine sprain-strain. Treatment to date has included medications, diagnostics, rest, chiropractic therapy, lumbar epidural steroid injection, physical therapy, and home exercise program. Medications have included Tylenol. A progress report from the treating provider, dated 08-31-2015, documented an evaluation with the injured worker. The injured worker reported that he underwent right L2-L3 transforaminal epidural injection on 08-18-2015; he experienced 18- 25% improvement in his right low back-hip as well as right lower extremity symptoms; and his work is restricted. Objective findings included he is alert, oriented, and in no acute distress; gait is normal; lumbar range of motion is decreased with flexion, extension, left rotation, right rotation, left lateral bend, and right lateral bend; tenderness over the right paralumbar extensors and facet joints; motor strength is 4 out of 5 at the right iliopsoas and quadriceps; straight leg raises are positive on the right; and Faber's sign is positive on the right. The treatment plan has included the request for repeat right L2-L3 transforaminal epidural steroid injection quantity 1. The original utilization review, dated 09-14-2015, non-certified the request for repeat right L2-L3 transforaminal epidural steroid injection quantity 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Right L2-L3 Transforaminal Epidural Steroid Injection QTY 1: 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:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. In addition, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented decreasing pain and increasing functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The patient underwent right L2-L3 transforaminal epidural injection on 08-18-2015 and only experienced 18-25% improvement for an unspecified duration. Criteria for repeating the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological formulation, increased ADLs and decreased medical utilization. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Repeat Right L2-L3 Transforaminal Epidural Steroid Injection QTY 1 is not medically necessary and appropriate.