

<b>Case Number:</b>	CM15-0206016		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Preventive Medicine, Occupational 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 47 year old male who sustained an industrial injury on 1-23-13. The medical records indicate that the injured worker has been treated for lumbar spine sprain-strain; lumbar degenerative disc disease; lumbar spondylosis; lumbar radiculopathy; lumbar stenosis. Per 9-23-15 documentation "since his prior epidural injection on 7-17-15 the patient is no longer taking narcotic medication". The 6-5-15 note indicates the injured worker experiences a constant, "grinding like" pain radiating from his mid back and down his left leg and his right upper thigh region. His pain level was 8 out of 10 (3-9-15). The physical exam (5-27-15) revealed decreased range of motion of the lumbar spine, tenderness, trigger points and muscle spasms to the bilateral iliolumbar ligaments and bilateral paraspinal muscles; decreased light touch sensation in dorsal aspect of bilateral feet; positive bilateral straight leg raise. Per the 6-5-15 note the injured worker can walk for 10-15 minutes due to pain, has difficulty navigating stairs, he has decreased in strength of upper extremities. Diagnostics include MRI of the lumbar spine (3-12-13) showing mild spondylitic changes at L3-4 through L5-S1 with disc bulges, disc desiccation and facet joint arthropathy. Treatments to date include medication: Savella, Naprosyn, omeprazole, gabapentin, cyclobenzaprine with minimal success and benefit; physical therapy; prior lumbar epidural steroid injection (6-17-15) with 75% improvement lasting over 8 weeks and the 2nd set of epidural at right L4, left L5 and right S1 on 9-10-15; the 9-18-15 note indicates 4 epidurals with limited success from 2014 and with pain unchanged and pain levels from 6-8 out of 10; physical therapy; chiropractic adjustments; pain management. The request for authorization dated 9-2-15 was for lumbar epidural steroid injection #2 to right L4, Left L5,

and right S1. On 10-2-15 Utilization review non-certified the request for lumbar epidural steroid injection #2, right L4, left L5, right S1, modified to #2 left L5, right S1.

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

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

**LESI #2 Right L4:** 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 Guidelines do not support repeat epidural injections unless there are significant benefits lasting for several weeks. The requesting physician has previously requested epidural injections at 3 levels stating that they have been very helpful and this individual had stopped utilizing opioids due to the epidural benefits dating back to 2014. This does not appear to be accurate. A urine drug screen on 6/27/15 was positive of Tramadol, which is an opioid medication. In addition, the prior treating physician in the permanent and stationary report notes that the epidurals had not been particularly effective. Another evaluating physician has recently commented that treatments including epidural injections have not been very helpful. Under these circumstances, the request for the repeat right L4 injection is not supported by Guidelines and is not medically necessary.