

<b>Case Number:</b>	CM15-0208830		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 49 year old female with an industrial injury date of 05-26-2005 - 10-19-2007. Medical record review indicates she is being treated for status post anterior lumbar interbody fusion lumbar 4-5 and lumbar 5-sacral 1 with posterior bilateral lumbar 5-sacral 1 laminectomy, right sided herniated nucleus pulposus, lumbar 1-2 disc protrusion with right lateral recess stenosis, right lumbar radiculopathy, lumbar 1-2 concordant pain per discogram, mid back pain, adjacent segment disease at lumbar 3-4 and lumbar facet syndrome. Subjective complaints (09-14-2015) included low back pain rated as 7 out of 10 on the pain scale. She reports the pain is constant and symptoms are exacerbated with prolonged periods of sitting down. The pain extended into her left leg and did not extend further than the left knee and in the right leg the pain radiates down to her ankle. She reports symptoms cause difficulty with normal daily tasks such as getting dressed and carrying groceries. She states she only manages 3-4 hours of interrupted sleep a night due to her pain. "If no modified work is available, employer must keep employee off work unless and until such modified work is made available." Medications included Gabapentin and trial of Relafen. Prior treatment included lumbar spine fusion, post-operative physical therapy, medial branch blocks and chiropractic therapy. Lumbar epidural steroid injections - last one in 01-2009 with "temporarily benefit." Physical exam (09-14-2015) included decreased range of motion in all planes of lumbar spine with increased pain upon extension. There was decreased sensation to the right lumbar 4 and lumbar 5 dermatomes. Facet loading test was positive bilaterally at the lumbar region and she was tender to palpation about the bilateral lumbar 3-4 facets. On 10-01-2015 the request for right transforaminal lumbar epidural steroid injection at the levels of lumbar 4-lumbar 5 and lumbar 5- sacral 1 was non-certified by utilization review.

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

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

**Right Transforaminal Lumbar Epidural Steroid Injection at the Levels of L4-L5 and L5-S1:** Overturned

**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 treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an epidural injection. MTUS guidelines state the following: Recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Guidelines state a repeat injection should only be offered if there is at least a 50-70% improvement for 6-8 weeks following the previous injection. The patient's exam did show a diminished sensation of lower extremities on exam, as well as a decreased motor exam. According to the clinical documentation provided and current MTUS guidelines; an epidural injection, as stated above, is medically necessary.