

<b>Case Number:</b>	CM15-0211940		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	01/08/2010
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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 42 year old male, who sustained an industrial injury on 1-8-2010. The injured worker was being treated for lumbar discogenic syndrome. The injured worker (9-18-2015) reported ongoing low back pain with pain into the right leg, buttock, posterior thigh, and calf. The physical exam (9-18-2015) revealed tenderness in the lower lumbar area, flexion of 40 degrees, extension of 25 degrees, and pain with extremes of range of motion. The electro-diagnostic studies (7-15-2011) stated that there was mild peripheral sensory neuropathy in the feet. The MRI of the lumbar spine (9-11-2015) stated that there was a 3mm foraminal disc protrusion at L4-5 (lumbar 4-5) contacting the exiting right L4 (lumbar 4) nerve root. At L5-S1 (lumbar 5-sacral 1), there was a 3mm posterior disc protrusion and moderate facet arthrosis. Treatment has included physical therapy, chiropractic therapy, acupuncture, epidural steroid injections, behavior modification, and medications including topical pain, anti-epilepsy, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. Per the treating physician (9-18-2015 report), the injured worker "can carry out moderate work, should it be available." On 9-18-2015, the requested treatment was a LESI (lumbar epidural steroid injection) at L4-5. On 10-1-2015, the original utilization review non-certified a request for a LESI (lumbar epidural steroid injection) at L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LESI (Lumbar epidural steroid injection) at L4-5: 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:** Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. 8) No more than 2 ESI injections. There is no examination results available for review that document recent objective evidence of radiculopathy. The request for LESI (Lumbar epidural steroid injection) at L4-5 is determined to not be medically necessary.