

<b>Case Number:</b>	CM15-0214659		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	02/05/2015
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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 62 year old male, who sustained an industrial-work injury on 2-5-15. He reported initial complaints of low back pain. The injured worker was diagnosed as having acute lumbar strain with right lower extremity radiculopathy. Treatment to date has included medication, activity modification, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, elevating the extremity, acupuncture and chiropractic treatment (not helpful), diagnostics, and icing. MRI results were reported on 3-25-15 revealing disc space narrowing with disc herniation most pronounced at L3-4, L4-5, and L3-4. Currently, the injured worker complains of ongoing low back pain with radiation to the head, neck, shoulders, and hip. There is giveaway weakness and numbness to the lower extremities with pain described at 7 out of 10. Meds include Flexeril, Motrin, and Norco. Per the primary physician's progress report (PR-2) on 9-16-15, exam noted tenderness at the right L4-5 and L5-S1, restricted range of motion, positive straight leg raise, neurologic exam showing no gross muscle weakness or sensory deficit. Current plan of care includes epidural injections. The Request for Authorization requested service to include Lumbar epidural steroid injection at right L5-S1, series of 3. The Utilization Review on 10-6-15 denied the request for Lumbar epidural steroid injection at right L5-S1, series of 3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection at right L5-S1, series of 3: 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:** The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, an MRI on 3-25-15 revealed disc space narrowing with disc herniation most pronounced at L3-4, L4-5, and L5-S1. Epidural steroid injections are warranted in this case, however, an initial injection should be evaluated for efficacy prior to approval of additional injections. The request for lumbar epidural steroid injection at right L5-S1, series of 3 is determined to not be medically necessary.