

<b>Case Number:</b>	CM15-0215604		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/02/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 was a 59 year old female, who sustained an industrial injury, July 14, 2011. The injured worker was undergoing treatment for low back pain with radiation to both legs. According to progress note of August 31, 2015, the injured worker's chief complaint was back pain radiation to the right leg and ankle. The pain was described as a dull and constant in nature and worse with activity. The physical exam noted lumbosacral paraspinal region noted right greater than the left lumbosacral paraspinal tenderness with palpation with restrictions in mostly flexion secondary to pain. Extension, rotation and side bending appear to be intact. The motor testing was 5 out of 5 with the exception of some weakness in the right knee extension and dorsiflexion at about 4 out of 5. The sensory exam appears to be intact in all dermatomes. The straight leg raises were negative bilaterally. The injured worker previously received the following treatments according to the progress note of August 31, 2015, lumbar spine MRI without contrast on July 30, 2015, showed multilevel degenerative joint and disc disease, the area of worst pathology appears to be L3-L4 and L4-L5, where there was mild narrowing of the central canal with at least moderate neuroforaminal stenosis, worse on the right, potentially affecting the right exiting nerve roots, physical therapy, medications and 2 epidural injections. The UR (utilization review board) denied certification on October 2, 2015, for a lumbar epidural steroid injection at the right L3-L4 levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Transforaminal Epidural Steroid Injection at the right L3 and L4 level:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and 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 claimant sustained a work injury in July 2011 with a lifting injury to the low back. When seen, she was having back pain radiating to the right leg with burning symptoms. Physical examination findings included decreased lumbar range of motion with paraspinal muscle tenderness. There was decreased right lower extremity strength with normal sensation. An epidural steroid injection in October 2013 is referenced as providing 80-90% pain relief lasting for 4-5 months. An MRI of the lumbar spine in July 2015 included findings of multilevel degenerative disc disease and degenerative joint disease with right lateralized moderate foraminal narrowing with progression at L3/4 since a prior scan. A repeat epidural steroid injection was requested with planned aggressive home exercise program and weight loss after the injection. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than four blocks per region per year. In this case, the patient had 80-90% pain relief lasting for 4-5 months after the previous injection. Facilitation of a home exercise program and weight loss are goals. The requested repeat epidural injection is within applicable guidelines and medically necessary.