

<b>Case Number:</b>	CM15-0216508		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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 40 year old male who sustained an industrial injury on 6-26-14. A review of the medical records indicates that the worker is undergoing treatment for chronic pain other, lumbar radiculopathy, and diabetes-mellitus-stable. Subjective complaints (9-22-15) include constant low back pain radiating down the right lower extremity associated with tingling in the right lower extremity to the level of the hip, thigh, knee, ankle, foot, and toes. The worker reports difficulty sleeping, bladder dysfunction, and painful, burning, urination and itchiness. Pain is rated at 7 out of 10 with medications and 9 out of 10 without medications. Ongoing activity of daily living limitations due to pain is reported in self-care and hygiene, activity, sleep and sex. Current medications are Metformin, Norco, and Vicodin. Objective findings (9-22-15) include tenderness to palpation in the L4-S1 levels, limited range of motion due to pain, increased pain with flexion and extension, and positive seated straight leg raise (right) for radicular pain at 70 degrees. An MRI of the lumbar spine (9-30-14) reveals the impression of straightening of the lumbar lordosis which may reflect an element of myospasm, disc desiccation with loss of disc height at L5-S1, bilateral facet degenerative change at L1-L2 down to L4-L5, L5-S1; broad based disc herniation indentation thecal sac with no significant neural foraminal narrowing visualized, facet and ligamentum flavum demonstrates normal configuration, central canal is unremarkable, no sign of lateral recess stenosis, exiting nerve roots are normal and disc measurement is 2.7mm. Work status was noted as total temporary disability. Previous treatment includes medications (temporary benefit), physical therapy (limited benefit), acupuncture and chiropractics (limited benefit). The requested treatment of right L5-S1 transforaminal epidural steroid injection under fluoroscopy was non-certified on 10-5-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right (lumbosacral) L5-S1 transforaminal epidural steroid injection under fluoroscopy:**  
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:** 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, there is documentation of radiculopathy that is corroborated by imaging studies. The request for right (lumbosacral) L5-S1 transforaminal epidural steroid injection under fluoroscopy is medically necessary.