

<b>Case Number:</b>	CM15-0046096		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	04/13/2006
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Physical Medicine & Rehabilitation

### 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 54-year-old male who sustained an industrial injury on 04/1/06. Initial complaints and diagnoses are not available. Treatments to date include a lumbar Epidural Steroid Injection (ESI) and medications. Diagnostic studies include lumbar MRIs and EMG/NCG studies. Current complaints include low back pain with stabbing sensations down his right leg. In a progress note dated 02/25/15 the treating provider reports the plan of care includes decompressive surgery, right L4-5 ESI, and medications to include Norco, Nabumetone, cyclobenzaprine, gabapentin, Prilosec, Ultram, and Medrox ointment. The requested treatment is a right lumbar L4-5 ESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-5 Transforaminal Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI  
Page(s): 46-47.

**Decision rationale:** Based on the 2/25/15 progress report provided by the treating physician, this patient presents with low back pain with sharp stabbing sensations radiating down his right leg. The treater has asked for RIGHT L4-5 TRANSFORAMINAL EPIDURAL STEROID INJECTION on 2/25/15. The patient's diagnosis per Request for Authorization Form dated 2/11/15 is lumbago. The patient has failed conservative care but has not had any lumbar surgeries, although it has been 2 years since original recommendation for surgical care per 2/25/15 report. The patient had a prior right lumbar epidural steroid injection at L4-5 which "was not successful in decreasing symptoms. Presumed lumbar facet syndrome; nonresponsive to rhizotomy" per 2/25/15 report. The patient requires 6 Norco per day now, and has gradually been escalating his opioid based medication usage per 2/25/15 report. The patient is depressed, anxious, and has difficulty walking per 1/21/15 psychiatric report. The patient's work status is permanent and stationary with future medical as of 2009. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." The treater is requesting the epidural steroid injection "to help with symptomatic relief" considering that surgical interventions have been denied per 2/25/15 report. An MRI of the lumbar spine dated 11/25/13, shows L4-5 moderate bilateral foraminal stenosis due to circumferential 2mm disc bulge and mild facet arthropathy. L3-4 mild disc degeneration with asymmetric 3mm disc bulge with resultant moderate foraminal also present- per 2/25/15 report. In this case, the patient had a prior epidural steroid injection at L4-5 of an unspecified date, which was not successful in decreasing symptoms. MTUS guidelines require at least 50% pain relief with associated reduction of medication usage for 6-8 weeks, which this patient did not have from the first injection. Considering the poor response to the prior injection, the request for a repeat injection IS NOT medically necessary.