

<b>Case Number:</b>	CM15-0055997		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	03/15/2010
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 57 year old male, who sustained an industrial injury on 03/15/2010. He reported a back injury and was diagnosed with lumbar degenerative disc disease and facet osteoarthritis. The injured worker is currently diagnosed as having degeneration of lumbar intervertebral disc, osteoarthritis of spinal facet joint, spinal stenosis of lumbar region, lumbar sprain, and low back strain. Treatment to date has included epidural injection, lumbar MRI, heat/ice, gentle stretching, and medications. In a progress note dated 02/18/2015, the injured worker presented with complaints of low back pain and bilateral leg pain in addition to posterior neck pain. The treating physician reported requesting authorization for bilateral L4-5, L5-S1 transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Face Injection at Bilateral (lumbar) L4-5, L5-S1 (sacroiliac) Medial Branch:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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

**Decision rationale:** The patient presents with low back pain rated 7/10 with shooting sensation down the posterolateral and anterior aspects of his legs in addition to posterior neck pain. The RFA is not provided; however, the progress report dated 02/18/15 indicates that the request is for bilateral L4-5 L5-S1 transforaminal epidural steroid injection. Physical examination revealed a positive leg raise bilaterally. MRI study performed on 03/0/9/11 revealed facet arthrosis from L2-3 down to L5-S1 bilaterally. At L4-5, there was disc protrusion with slight caudal extension. There was some mild spinal stenosis and bilateral foraminal stenosis. Patient's diagnosis included lumbar degenerative disc disease and facet osteoarthritis, spinal stenosis of lumbar region, lumbar sprain, and low back strain. The patient has been through physical therapy and home exercise with some short term benefit. The reports do not reflect whether or not the patient is working. MTUS has the following regarding ESIs, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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. In this case, the patient appears to demonstrate evidence of radicular pain confirmed by subjective complaints and physical examinations. Radiculopathy is corroborated by imaging studies specific to the levels being treated. 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. Per progress report dated 02/18/15, the last epidural injection at L4-5 was administered in 2011 which was 90% effective for a year and 3 months. Treater further states that the patient also had lumbar facet injections which provided significant pain relief; at least a year of less pain. The request for lumbar epidural injection appears compliant with the MTUS recommendations. Therefore, the request IS medically necessary.