

<b>Case Number:</b>	CM15-0058196		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 is a 40 year old female, who sustained a work/ industrial injury on 3/14/12. She has reported initial symptoms of lumbar, right shoulder, and left foot pain. The injured worker was diagnosed as having pain in joint, lower leg, sprain/strain, lumbar region; lumbar spondylosis, lumbar disc displacement without myelopathy. Treatments to date included medication, surgery (left knee arthroscopy on 8/9/12), home exercise program, epidural steroid injections, and lumbar facet injection. Magnetic Resonance Imaging (MRI) was performed on 8/16/13. Currently, the injured worker complains of right shoulder pain, left knee pain, back, and left foot pain. The back was the concern with radiation into her lower extremities. The right shoulder was made worse by extended use and cold weather. The treating physician's report (PR-2) from 2/20/15 indicated muscle tone was normal without atrophy in the extremities. Muscle strength was also 5/5. The latest epidural decreased pain (30%). Treatment plan included one L5-S1 bilateral transforaminal lumbar epidural steroid injection under epidurogram intravenous sedation, fluoroscopic guidance and contrast dye.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One L5-S1 bilateral transforaminal lumbar epidural steroid injection under epidurogram intravenous sedation, fluoroscopic guidance and contrast dye: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Esis Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for chronic low back pain with lower extremity radiating symptoms. A prior epidural steroid injection in January 2014 resulted in a temporary decreased in pain of 30%. EMG testing was consistent with bilateral S1 radiculopathy. When seen, there was normal strength and no reported neurological deficit or positive neural tension signs. Guidelines recommend that, in the therapeutic phase, repeat injections 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. In this case, a prior epidural steroid injection had resulted in only 30% pain relief lasting for a short period of time. Therefore, the requested repeat lumbar epidural steroid injection is not medically necessary.