

<b>Case Number:</b>	CM15-0059132		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	07/01/2006
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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 (IW) is a 57 year old male who sustained an industrial injury on 07/01/2006. He reported a slip and fall injury resulting in back pain. The injured worker was diagnosed as having other back symptoms; thoracic/lumbar disc degeneration; lumbago; joint pain-pelvis; pain in lumbar/ lumbosacral neuritis not otherwise specified; lumbar disc displacement; lumbar/lumbosacral disc degeneration; enthesopathy of hip; sacroiliitis not elsewhere classified; chronic pain not elsewhere classified. Treatment to date has been conservative with use of heat, ice rest, and gentle stretching and exercise, and use of oral and topical medications. A radiofrequency rhizotomy was done (08/26/2014). Currently, the injured worker complains of aching low back and bilateral leg pain with numbness and tingling that he rates at a 6-7 /10 with medications and 8/10 without. Medications reduce his pain by 30-50%. The IW is currently not working. He states his pain medication regimen, activity restriction, and rest is what continues to keep his pain in a manageable level so he can do activities of daily living. According to the physician notes of 02/11/2015, the worker says he had a lumbar epidural more than one year ago with a benefit of more than 75% and he was able to take fewer medications, improving his quality of life. On exam, he has increased tenderness and tightness over the lumbosacral region. Range of motion is restricted by 30% extension, flexion by 80% and lateral bending is restricted by 30%. He has a positive straight leg raise bilaterally and pressure and tightness in his left leg. The plan of care is to request authorization for an Epidural steroid injection at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection at L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 46.

**Decision rationale:** Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; 2) Initially unresponsive to conservative treatment; 3) Injections should be performed using fluoroscopy for guidance; 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block; 5) No more than two nerve root levels should be injected using transforaminal blocks; 6) No more than one interlaminar level should be injected at one session; 7) 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; 8) No more than 2 ESI injections. In this case, although there is a subjective complaint of radiculopathy, there is no objective evidence on exam to corroborate radiculopathy. Additionally, an MRI dated 3/14/11 revealed no evidence of neural compromise. The request for epidural steroid injection at L5-S1 is not medically necessary.