

<b>Case Number:</b>	CM15-0059983		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	10/14/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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:

This 63 year old man sustained an industrial injury on 10/14/2014. The mechanism of injury is not detailed. Evaluations include lumbosacral x-rays dated 10/27/2014 and an MRI of the lumbar spine and electromyography that has an undisclosed date. Diagnoses include lumbar radiculitis and lumbar degenerative disc disease. Treatment has included oral medications and transforaminal steroid injection. Physician notes dated 2/23/2015 show complaints of low back and buttock pain rated 6/10. Recommendations include further transforaminal epidural steroid injection; continue NSAID therapy, Diclofenac, Norco, and Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient left L5-S1 and S1 levels transforaminal epidural steroid injection (ESI):** 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 Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

**Decision rationale:** The claimant sustained a work injury in October 2014 and continues to be treated for low back and left lower extremity and buttock pain. Treatments included an epidural injection in December 2014. When seen, the requesting provider documents a resolution of pain extending into the left lower extremity. Physical examination findings included negative straight leg raising with normal lower extremity strength and sensation. There was decreased lumbar spine range of motion. He had an antalgic gait. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid 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, with a general recommendation of no more than 4 blocks per region per year. In this case, however, the claimant is no longer having radicular symptoms and there are no physical examination findings being reported that indicate a diagnosis of ongoing radiculopathy. The requested repeat epidural injection is therefore not medically necessary.