

<b>Case Number:</b>	CM15-0089195		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	09/03/2014
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 is a 58 year old male, who sustained an industrial injury on 09/03/2014. He has reported subsequent low back and left leg pain and was diagnosed with lumbar muscle strain. Treatment to date has included oral pain medication, epidural steroid injection, physical therapy and a home exercise program. In a progress note dated 03/26/2015, the injured worker complained of left low back and left leg pain. Objective findings were notable for tenderness of L5-S1 and L5 numbness. A request for authorization of 2nd transforaminal epidural steroid injection under fluoroscopy at left L4 was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second (2nd) transforaminal epidural steroid injection under fluoroscopy at left L4:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural Steroid Injection.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, second transforaminal epidural steroid injection, under fluoroscopy at left L4 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); 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 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnosis is lumbar muscle strain. According to the most recent progress note dated March 26, 2015, the injured worker's last epidural steroid injection was February 13, 2015. The documentation indicates the injured worker had a three-day benefit after the first injection. There was no decrease in the dose and frequency of medications. There is no objective functional improvement. Subjectively, the injured worker has persistent complaints of low back pain that radiates to the left lower extremity. Objectively, there was tenderness palpation over the L5 S1 region. Neurologic examination showed L5 numbness seated. Straight exam was intact. Motor exam was intact. Straight leg raising was negative. 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 6 to 8 weeks. The documentation indicates there was fleeting improvement after the epidural steroid injection for three days with no associated reduction in medication use. Consequently, absent clinical documentation to support the recommended guidelines pertaining to prior epidural steroid injection (at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks), second transforaminal epidural steroid injection, under fluoroscopy left L4 is not medically necessary.