

<b>Case Number:</b>	CM15-0242281		
<b>Date Assigned:</b>	12/21/2015	<b>Date of Injury:</b>	05/09/2008
<b>Decision Date:</b>	01/25/2016	<b>UR Denial Date:</b>	11/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2015

### 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 48 year old female, who sustained an industrial injury on 5-09-2008. The injured worker is being treated for lumbar facet arthropathy and radiculitis. Treatment to date has included diagnostics, medications, chiropractic treatment and trigger point injections. Per the Initial Consultation note dated 11-16-2015, the injured worker reported low back pain with radiation to the bilateral lower extremities. The pain has been progressively worsening recently. Objective findings included decreased range of motion in the lumbar region with tenderness along the L4-5 and L5-S1 regions. Magnetic resonance imaging (MRI) was read as showing "multiple level disc herniations and lateral recess stenosis." The notes from the provider do not document efficacy of the prior or current treatment. Work status was not documented at this visit. The plan of care included, and authorization was requested for 4 bilateral transforaminal epidural steroid injections at L4-5 and L5-S1. Per the Utilization Review letter dated 11-23-2015, 4 bilateral transforaminal epidural steroid injections at L4-5 and L5-S1 were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral transforaminal epidural injection L4/L5 L5/S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, lumbar and thoracic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, the injured worker complains of low back pain with radiation to the bilateral lower extremities. The pain has been progressively worsening recently. Objective findings included decreased range of motion in the lumbar region with tenderness along the L4-5 and L5-S1 regions. Magnetic resonance imaging (MRI) was read as showing "multiple level disc herniations and lateral recess stenosis." There is no evidence of radiculopathy on physical examination. The request for bilateral transforaminal epidural injection L4/L5 L5/S1 is not medically necessary.