

<b>Case Number:</b>	CM15-0005257		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39 year old male who suffered a work related injury on 10/31/12. Per the physician notes from 11/18/14 he complains of low back pain on the right as well as down the right leg to his toes. His current medication regimen includes Vicodin, Lyrica, and Tramadol. He did not respond favorable to radiofrequency ablation and a second lumbar epidural at L5-S1 was recommended, as well as a second neurosurgical opinion. On 12/05/14, the Claims Administrator non-certified the lumbar ESI citing MTUS guidelines. The non-certified treatment was subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal epidural steroid injection at L5-S1:** 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 Epidural Steroid Injection Page(s): 46-47.

**Decision rationale:** The patient continues to report chronic lower back and right lower extremity pain. The current request is for Transforaminal Epidural Steroid Injection L5-S1. The attending physician notes that the patient did not have success with the radiofrequency ablation on 10/18/14 and would like to attempt another ESI. The MTUS does recommend Epidural Steroid Injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a 'series of three' ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. In this case, there is no positive corroboration of radiculopathy by MRI or by electrodiagnostic studies which were found to be normal. Also records indicate that the previous ESI did not provide clinical benefit. As such, the recommendation is for denial.