

<b>Case Number:</b>	CM15-0013874		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	09/10/2003
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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, Arizona

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 42-year-old male who reported an injury on 09/10/2003. The mechanism of injury was not provided. His diagnoses included radiculopathy. Current medications included tramadol, Tylenol with codeine and Lyrica. Surgical history was not provided. Diagnostic studies included an MRI of the lumbar spine on 10/13/2003 which revealed left lateral herniation associated with L5-S1 compressing the exiting L5 nerve root; small central protrusion at L4-5. Other therapies were noted to include epidural steroid injection, physical therapy and anti-inflammatory medications. On 12/05/2014, the patient was seen for right buttock pain. He was last seen on 10/10/2014 and was stable. Upon examination, muscle strength of the legs is patellar and Achilles +1 and symmetric. No changes in lower limb strength compared to note dated 05/02/2014. He continued to have decreased sensation to light touch in the right medial calf, and EHL is weak at 4/5. There was a negative clonus in the lower limbs. The treatment plan included a right L4 and right L5 transforaminal epidural steroid injection. The injured worker last injection therapy was greater than 6 months ago on 05/15/2014 which decreased his pain by 60%. He had continued radicular symptoms in the right lower limb with numbness and tingling going down the right calf. In the past injections have decreased his pain by 60% to 80% and lasted greater than 6 months at a time. They have also improved his functionality so that he could continue to work. The request is for 1 right transforaminal epidural steroid injection at L4 and L5. The request for authorization is dated 12/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 right transforaminal epidural steroid injection at L4 and L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for 1 right transforaminal epidural steroid injection at L4 and L5 is not supported. The injured worker has a history of low back pain. The California MTUS Guidelines state that epidural steroid injection are recommended as an option for treatment of radicular pain which must be documented by physical examination and corroborated by imaging studies. Repeat injections should be based on continued objective documented pain and functional improvement including at least 50% pain relief and reduction of medication over 6 to 8 weeks. The guidelines recommend no more than 2 injections. The provider noted that there has ESI decreased pain by 60%. The documentation noted the injured worker underwent ESIs on 02/12/2014 and 06/11/2014. The guidelines do not recommend more than 2 injections in either the diagnostic or therapeutic phase. The injured worker had received 2 injections within the past year. As such, the request is not medically necessary.