

<b>Case Number:</b>	CM15-0110694		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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

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 47 year old female who sustained an industrial injury on 08/23/2013. Mechanism of injury occurred when she was walking out of the garage and twisted her left ankle on the stairs and fell. Diagnoses include lumbago and lumbar radiculopathy, and fractured fibula. Treatment to date has included diagnostic studies, medications, physical therapy, acupuncture, epidural injections, facet injections, and use of ice and heat. On 05/11/2015 a Magnetic Resonance Imaging of the lumbar spine showed mild right foraminal narrowing at L5-S1, and mild left foraminal narrowing at L2-3. On 03/10/2015 an Electromyography was done and revealed evidence of a left chronic S1 radiculopathy. A physician progress note dated 05/14/2015 documents the injured worker has severe pain in the low back and left lower extremity pain that goes down to the left foot. She has weakness in dorsiflexion and plantar flexion of the left foot. Treatment requested is for L5-S1 transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 transforaminal epidural steroid injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. To repeat a LESI 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 six to eight weeks. The patient is reported to have pain relief within 5 days with pain decreased from 8/10 to 3/10; however lasting only 2 days. Submitted reports have not demonstrated any functional improvement derived from the LESI in terms of medication decrease, improve performance in ADL, increased work status, and decrease in medical utilization. Criteria to repeat the LESI have not been met or established. The L5-S1 transforaminal epidural steroid injection is not medically necessary or appropriate.