

<b>Case Number:</b>	CM15-0118047		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	08/15/2009
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Connecticut, California, Virginia  
 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 is a 49 year old male who reported an industrial injury on 8/15/2009. His diagnoses, and/or impressions, are noted to include: lumbosacral disc derangements and facet syndrome; lumbar radiculitis; status-post lumbar laminectomy with post-laminectomy syndrome; and status-post permanent implantation of a spinal cord stimulator system. No current imaging studies are noted. His treatments are noted to include surgery; weight loss; a functional restoration program comprehensive pain management multi-disciplinary consultation on 4/6/2015; physical therapy (4/2015); medication management; and rest from work. The pain management progress notes of 4/15/2015 reported complaints of chronic, intractable back pain with radiculopathy in the left leg, that began in the right leg; that is pain medications were not effective being that his pain was moderate-severe on medications; that his spinal cord stimulator was not functioning properly with abnormal stimulation; and that he was quite concerned about his current condition and worsening pain and function. Objective findings were noted to include that he was currently undergoing evaluation for a chronic pain rehabilitation program to help him with his chronic pain condition; moderate-severe tenderness over the lumbar para-spinal muscles, bilateral gluteus and lumbosacral inter-spaces; painful and decreased lumbar range-of-motion that was with spasms and guarding; some decreased bilateral hip strength; decreased sensation over the lumbar dermatomes; and positive bilateral straight leg raise. The physician's requests for treatments were noted to include a trial of bilateral lumbosacral epidural steroid injections for management of his radicular condition, as an interventional pain management.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral Lumbar Epidural Steroid Injection at L4-L5 and L5-S1 (sacroiliac): Overturned**

**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 ESI Page(s): 46.

**Decision rationale:** Per the MTUS Chronic Pain Guidelines (page 46), in order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications). The MTUS clearly states that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Given the recommendations for epidural steroid injections as written in the MTUS guidelines and the provided records indicating that conservative treatment (as well as less-than conservative treatments like spinal cord stimulator) have failed to control pain at this time, the request for epidural steroid injection at two levels is considered medically appropriate and reasonable.