

<b>Case Number:</b>	CM15-0119385		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 year old male, who sustained an industrial injury on March 27, 2012, incurring low back injuries. He was diagnosed with lumbar disc disease with disc herniation, thoracic radiculitis and spinal canal stenosis. Treatment included physical therapy, home exercise program, acupuncture, weight loss, pain medications, and work modifications and restrictions. Currently, the injured worker complained of ongoing lumbar spine pain with tingling and numbness to the legs. Upon examination, there was joint inflammation in the sacroiliac region and multiple spasms. He had difficulty walking stairs, decreased range of motion and ambulated with a limp. The treatment plan that was requested for authorization included a first bilateral transforaminal lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **First Bilateral Transforaminal Lumbar Epidural Steroid Injection L3-L4 L4-L5: Upheld**

**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), most current guidelines recommend no more than 2 epidural steroid injections. In order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications). If epidural injections are to be utilized as a therapeutic modality, no more than two injections are recommended, and repeat injections 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 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, the request for a total of four steroid injections at this time (two levels, bilaterally) is not medically necessary.