

<b>Case Number:</b>	CM15-0124999		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 33 year old female, who sustained an industrial injury on 10/2/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having low back pain, lumbar disc displacement and lumbar radiculopathy. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, epidural steroid injection, acupuncture and medication management. In a progress note dated 5/12/2015, the injured worker complains of low back pain radiating down the left lower extremity with numbness and weakness, rated 7-8/10. Physical examination showed left para-lumbar tenderness and pain restricted range of motion. The treating physician is requesting left transforaminal injection at lumbar 4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Left Transforaminal Injection L4-L5: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic.

**Decision rationale:** The claimant sustained a work-related injury in October 2013 and continues to be treated for radiating low back pain. A two level transforaminal epidural steroid injection was performed in 2014 and there had been some decrease in pain after the injection. When seen, there was decreased lumbar range of motion with decreased left lower extremity strength, sensation, and quadriceps atrophy. A transforaminal epidural steroid injection was requested. Imaging with an MRI in November 2014 and electrodiagnostic testing in April 2015 are consistent with left lumbar radiculopathy. Lumbar spine surgery is being considered. In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. A second block is also not indicated if the first block is accurately placed unless there is a question of the pain generator, there was possibility of inaccurate placement, or there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, the claimant's response to the first injection is not well documented, but there was at least a partial response in terms of decreased pain. Surgery is being considered. Physical examination findings and both imaging and electrodiagnostic testing corroborate the presence of radiculopathy. The requested second injection can be considered medically necessary.