

<b>Case Number:</b>	CM15-0125765		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	10/14/2014
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/12/2015
<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 31 year old male, who sustained an industrial injury on 10/14/2014. The injured worker was diagnosed as having L4-5 posterior annular tear with L5-S1 disc bulging and bilateral foraminal narrowing and lumbar strain with myofascial pain, along with left lumbar radiculitis. Treatment to date has included diagnostics, physical therapy, medications, and lumbar epidural steroid injection (4/22/2015). On 4/23/2015, the injured worker reported a non-positional headache, approximately 12 hours after lumbar epidural steroid injection, and received a Toradol injection. Currently, the injured worker reported only about a 25% improvement in both back and leg pain for a few days following previous epidural injection. Exam noted positive straight leg raise on the left. His work status remained restricted. The treatment plan included a second lumbar epidural steroid injection at left L5-S1 under fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection- Epidural Spinal (CESI, TESI, LESI) Second Lumbar Epidural Steroid Injection at left L5-S1 under fluoroscopic guidance, lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 2014 and continues to be treated for radiating back pain. A lumbar epidural steroid injection had been authorized and was performed on 04/22/15. When seen more than two weeks later, there had been a 25% improvement in back and leg pain. Physical examination findings included positive straight leg raising. A second epidural steroid injection was requested. 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 has a partial response to the previous injection performed more than two weeks before. That injection had been authorized. Therefore, the criteria are met for a second diagnostic injection and the request is medically necessary.