

<b>Case Number:</b>	CM15-0126745		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 60 year old male, who sustained an industrial injury on 3/19/12. The injured worker was diagnosed as having back pain, lumbar spinal stenosis, and lumbar foraminal stenosis. Treatment to date has included a L4-5 transforaminal epidural injection on 7/21/14 and medication. Currently, the injured worker complains of low back pain and right buttock pain. The treating physician requested authorization for a transforaminal epidural steroid injection at L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TESI L4-5:** Overturned

**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 Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant sustained a work-related injury in March 2012 and continues to be treated for low back pain and buttock pain. An epidural steroid injection in June 2011 provided sustained pain relief lasting up until 3-4 months before and he had been able to return to work. In July 2014, he was having low back and bilateral buttock pain identical to what had been present prior to the last injection. There was an absent right lower

extremity ankle reflex. An MRI included findings of moderate multilevel lumbar spinal stenosis. In the therapeutic phase guidelines recommend that repeat injections should be based on continued objective documented pain and functional improvement. In this case, the claimant had sustained pain relief and had been able to return to work after the previous injection performed more than 3 years before. There was an absent right ankle reflex and imaging findings were consistent with a diagnosis of lumbar spinal stenosis. The requested repeat lumbar epidural steroid injection was medically necessary.