

<b>Case Number:</b>	CM15-0129362		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	04/28/2000
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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 female, who sustained an industrial injury on 4/28/2000. She reported low back pain after she sat down on a chair which had been pulled away from her. The injured worker was diagnosed as having status post successful spinal cord stimulator trial, failed back surgery syndrome, bilateral L4 and L5 lumbar radiculopathies, polyneuropathies, lumbar spinal canal stenosis, and chronic myofascial pain syndrome. Treatment to date has included diagnostics, physical therapy, epidural steroid injections, lumbar spinal surgery in 2001, 2003, and 2005 and medications. Most recently (5/22/2015), the injured worker complains of severe escalation of her low back pain, with radiation down her legs (right greater than left, associated with numbness, tingling, and paresthesia. She also reported swelling in her leg. Pain was rated 7-8/10. Exam noted paravertebral muscle spasm and localized tenderness in the lumbosacral spine area. There was increased lumbar lordosis and mild atrophy of the paraspinal muscles around the surgical scar in the lumbar spine. Straight leg raise was positive bilaterally and diminished sensation was noted along the medial and lateral border of the right leg, calf, and foot. Edema was present in both legs. Motor strength was 5/5, except right extensor hallucis longus and plantar flexors were 4+/5. The treatment plan included medications. It was documented that she may need epidural steroid injections if her pain did not come under control. An updated progress report regarding transforaminal and caudal epidural steroid injections at right L4, L5 was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal and caudal epidural steroid injection right 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 Pg. 46, Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The requested Transforaminal and caudal epidural steroid injection right L4, L5, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials; and note in regard to repeat injections: In the therapeutic phase, repeat blocks 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, with a general recommendation of no more than 4 blocks per region per year. The injured worker has severe escalation of her low back pain, with radiation down her legs (right greater than left, associated with numbness, tingling, and paresthesia. She also reported swelling in her leg. Pain was rated 7-8/10. Exam noted paravertebral muscle spasm and localized tenderness in the lumbosacral spine area. There was increased lumbar lordosis and mild atrophy of the paraspinal muscles around the surgical scar in the lumbar spine. Straight leg raise was positive bilaterally and diminished sensation was noted along the medial and lateral border of the right leg, calf, and foot. Edema was present in both legs. Motor strength was 5/5, except right extensor hallucis longus and plantar flexors were 4+/5. The treating physician did not document the percentage of relief from the previous epidural injection, nor documented derived functional improvement including medication reduction from the previous epidural injection. The criteria noted above not having been met, Transforaminal and caudal epidural steroid injection right L4, L5 is not medically necessary.