

<b>Case Number:</b>	CM15-0147235		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	01/02/2008
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Texas, Florida, California

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:

This 45-year-old male sustained an industrial injury on 1-2-08. Documentation indicated that the injured worker was receiving treatment for lumbar disc degeneration. Previous treatment included lumbar microdiscectomy at left L4-5 (2008), discectomy at L3-4 and revision discectomy at L4-5 (2011), L5-S1 microdiscectomy (2011), discectomy and lateral fusion at L4-5 (1-27-14), physical therapy, epidural steroid injections and medications. In an encounter dated 6-14-15, the injured worker reported that his low back pain had improved since surgery, now rated at 2 out of 10 on the visual analog scale. The injured worker reported that he had been experiencing some increase in some of his preoperative symptoms with a popping sensation in the left low back, left thigh fasciculations and frequent radiation of pain down the left lower extremity. Physical exam was remarkable for normal gait, negative straight leg raise bilaterally, 5 out of 5 lower extremity strength and intact sensation throughout all distributions of bilateral lower extremities from L3-S1. X-rays of the lumbar spine showed well-healed fusion with instrumentation intact without evidence of complication. The physician recommended magnetic resonance imaging lumbar spine. Magnetic resonance imaging lumbar spine (6-12-15) showed degenerative disc disease at L5-S1 with disc herniation, status post L4-5 fusion and left annular tear at L3-4. On 7-6-15, a request for authorization was submitted for transforaminal epidural steroid injections at left L5-S1 due to disc herniation. On 7-10-15, Utilization Review noncertified a request for lumbar transforaminal epidural steroid injection at left L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar transforaminal epidural steroid injection on left side at L5-S1 level: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** This claimant was injured in 2008 and has lumbar disc degeneration. Previous treatment included a lumbar microdiscectomy at left L4-5 (2008), discectomy at L3-4 and revision discectomy at L4-5 (2011), L5-S1 microdiscectomy (2011), discectomy and lateral fusion at L4-5 (1-27-14), physical therapy, epidural steroid injections and medications. The outcomes of previous epidurals are not stated. There is frequent subjective radiation of pain down the left lower extremity, but the physical exam was remarkable for radicular signs. There was a normal gait, negative straight leg raise bilaterally, 5 out of 5 lower extremity strength and intact sensation throughout all distributions of bilateral lower extremities from L3-S1. Magnetic resonance did confirm an L5-S1 with disc herniation. The MTUS recommends epidurals as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion - Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing - is not met, as there is no documentation of objective neurologic signs in a dermatome that matches MRI findings. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous ESI are unknown. The request is not medically necessary and appears appropriately non-certified based on the above.