

<b>Case Number:</b>	CM15-0172456		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	10/31/2008
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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 39 year old male, who sustained an industrial-work injury on 10-31-08. A review of the medical records indicates that the injured worker is undergoing treatment for sprain of lumbar region, chronic pain, lumbago, and lumbosacral congenital spondylolisthesis. Medical records dated (7-22-14 to 6-3-15) indicate that the injured worker complains of ongoing back pain for years since work injury with history of headaches and hypertension. He reports back pain and joint pain. The pain is chronic and rated 4-7 out of 10 on the pain scale and has been unchanged. The medical records also indicate worsening of the activities of daily living due to the chronic pain. Per the treating physician report dated 6-16-14 the injured worker can be considered permanent and stationary and reached maximum medical improvement as of one year after 10-13-2011 evaluation. The injured worker should be precluded from heavy work. The physical exam dated (7-22-14 to 6-3-15) reveals point line tenderness in the lumbar region and decreased range of motion in extension due to pain and stiffness. There is thoracic lumbar pelvic joint dysfunction. There is tightness and tenderness in the lumbar area. Treatment to date has included pain medication , diagnostics, chiropractic at least 16-24 visits, lumbar epidural steroid injection (ESI) 2-8-13 with 80 percent pain relief, physical therapy (unknown amount) and other modalities. The medical record dated 6-16-14 the physician indicates that Magnetic resonance imaging (MRI) was reviewed and reveals bilateral L5 pars defects, spondylolisthesis, left greater than right L5 radiculopathy without weakness. The original Utilization review dated 8-28-15 non-certified a request for lumbar epidural steroid injection (ESI) times three as not medically necessary per the guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**3 ESIs:** 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:** The claimant sustained a work injury in October 2008 and is being treated for chronic back pain after falling approximately 3 feet from a truck and landing on a trailer hitch. An L5-S1 interlaminar epidural injection was performed on 02/08/13 with 80% pain relief as of 03/09/13. This was the fourth or fifth injection since his injury. The epidural injection was repeated on 08/30/13. When seen, he was having back pain. There was lumbar tenderness with decreased range of motion. There were no focal neurological deficits recorded. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks. In this case, the claimant's response to the last injection in August 2013 is not documented. There are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy. A preplanned series of injections in either the diagnostic or therapeutic phase is not recommended. The requested epidural steroid injection was not medically necessary.