

<b>Case Number:</b>	CM15-0173964		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	01/09/2006
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: 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 67 year old male, who sustained an industrial injury on 1-9-06. The injured worker was diagnosed as having lumbar radiculitis and status post lumbar fusion. The progress note on 1-20-14 indicated 30%-40% improvement following L5-S1 epidural injection. On 3-19-15 the injured worker reported discomfort in his lower back and paresthesias in his right lower extremity. Treatment to date has included a left L5-S1 epidural injection on 12-31-13, psychiatric treatments, Soma and Norco. As of the PR2 dated 7-20-15, the injured worker reports sciatica and numbness in both great toes. The treating physician noted 60% improvement in pain following the injured worker's last epidural injection. There is no physical examination. The treating physician requested an unknown left side epidural and bilateral 4-5 facet injections. On 8-17-14 the treating physician requested a Utilization Review for an unknown left side epidural and bilateral 4-5 facet injections. The Utilization Review dated 8-24-15, non-certified the request for an unknown left side epidural and bilateral 4-5 facet injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown left side epidural and bilateral 4-5 facet injections: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Low Back (Lumbar and Thoracic) (Acute and Chronic), Facet joint injections and facet joint pain, signs & symptoms.

**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 January 2006 and is being treated for chronic low back pain with lower extremity radicular symptoms after a lumbar fusion. A transforaminal epidural steroid injection was done in April 2015. When seen in July 2015, there had been a 60% improvement in left lower extremity pain after the injection. He was having symptoms of sciatica and bilateral lower extremity numbness. He was occasionally taking Norco and Soma. No physical examination findings were recorded. A repeat epidural steroid injection and combined bilateral L4/5 facet injection procedure was requested. 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. However performing an epidural injection on the same day of treatment as facet blocks is not recommended as this may lead to improper diagnosis or unnecessary treatment. This request for a combined injection cannot be considered as being medically necessary.