

<b>Case Number:</b>	CM15-0174883		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	02/17/2013
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41 year old male, who sustained an industrial-work injury on 2-17-13. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain, lumbar radiculopathy, and myofascial pain. Medical records dated (3-6-15 to 8-21-15) indicate that the injured worker complains of low back pain with radiation into the left buttocks and leg. The injured worker reports the reduction in pain by 50-70 percent with use of epidural steroid injection (ESI). He also reports that the back pain remains moderately bothersome and he continues to have limitations to his activities due to pain which also affects his quality of life. The medical record dated 5-26-15 the physician indicates that the injured worker had significant benefit from 2 sets of injections done 2 months apart in 2013, such that he remains much improved for nearly 2 years before needing to repeat the procedure. The medical records also indicate worsening of the activities of daily living due to the pain. Per the treating physician report dated 3-6-15 the injured worker has returned to work. The physical exam dated from (3-6-15 to 8-21-15) reveals lumbar range of motion is moderately limited to extension with moderate low back pain. There is tenderness to pressure over the bilateral L4-5 facet joints, straight leg raise is positive on the left localizing to low back pain with minimal to moderate left buttock and left leg ache, straight leg raise is positive on the right, localizing to low back pain. The sensation is decreased over the L5 and S1 dermatomes. Treatment to date has included pain medication, lumbar left transformational epidural steroid injection (ESI) 7-28-15 with 90 percent improvement, 4-8-15 with 90 percent improvement for a month and a half, and 11-11-13 with 95 percent improvement for about 4 months, diagnostics, and other modalities. Magnetic resonance

imaging (MRI) of the lumbar spine dated 2-27-13 reveals mild annular disc bulge, disc herniation, possible extrusion, encroachment upon the left lateral recess, stenosis with effacement, disc bulge, endplate spurring, and facet arthropathy. The original Utilization review dated 8-26-15 non-certified a request for Bilateral L4-5 Transforaminal Epidural Steroid Injection 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:

**Bilateral L4-5 Transforaminal Epidural Steroid Injection:** 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:** MTUS states that repeat epidural injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks. In this case, the medical records discuss prior functional improvement in general terms, but not in specific or verifiable terms. Moreover, the records do not document medication reduction from prior epidural injection use. For these reasons, the requested repeat epidural injection is not medically necessary.