

<b>Case Number:</b>	CM15-0072770		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	06/25/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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, Illinois

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:

The injured worker is a 31 year old male, who sustained an industrial injury on 06/25/2014. Diagnoses included lumbar sprain, lumbar/lower limbs non-specific, decreased of lordosis lumbar, disc degeneration, disc bulge lumbar and spinal stenosis lumbar. According to a progress report dated 01/15/2015, the injured worker underwent a left L4-5 epidural steroid injection and bilateral L4-5 facet block injections on 12/30/2014 that reduced his low back and leg pain by 70 to 80 percent for one week. His pain gradually returned. The injection provided relief of the numbness and tingling in his right leg but not much in his left leg. Since the procedure he had been having headaches. Prescriptions were given for Norco, Nalfon and Flexeril. According to a progress report dated 02/13/2015, the injured worker still had radiating pain into his left lower extremity and into the foot and only occasional radiating pain into the right lower extremity. For three days prior to the visit the injured worker had noticed that he had pain in the bottom of both feet along with stiffness and tightness. He had added walking to his daily activities but noticed some achiness to his low back with prolonged distances. On 03/13/2015, the provider's recommendation included a second lumbar spine epidural injection at the L4-5 level. Currently under review is the request for a lumbar epidural steroid injection at L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Lumbar Epidural Steroid Injection at L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The injured worker sustained a work related injury on 06/25/2014. The medical records provided indicate the diagnosis of lumbar sprain, lumbar/lower limbs non-specific, decreased of lordosis lumbar, disc degeneration, disc bulge lumbar and spinal stenosis lumbar. According to a progress report dated 01/15/2015, the injured worker underwent a left L4-5 epidural steroid injection and bilateral L4-5 facet block injections on 12/30/2014 that reduced his low back and leg pain by 70 to 80 percent for one week. His pain gradually returned. The injection provided relief of the numbness and tingling in his right leg but not much in his left leg. Since the procedure he had been having headaches. The medical records provided for review do not indicate a medical necessity for Lumbar Epidural Steroid Injection at L4-5. The MTUS Criteria for Epidural Steroid Injection include: 1. Documentation of radiculopathy that involves d by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) The Condition was initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) 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 blocksper region per year. The records reviewed indicate the injured worker had 70-80% pain reduction for one week following the previous injection, but the pain gradually returned to pre-injection level. The request is not medically necessary.