

<b>Case Number:</b>	CM15-0077492		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	11/20/2007
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: California

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 65 year old male, who sustained an industrial injury on 11/20/2007. He reported a fall to the floor from a sliding chair. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, not otherwise specified, chronic pain syndrome, depression, opiate tolerance, myofascial pain, and lumbar spondylosis. Treatment to date has included diagnostics, injection therapy, acupuncture, aquatherapy, and medications. On 3/03/2015, a right L5-S1 transforaminal epidural steroid injection was performed. Currently (3/20/2015), the injured worker complains of diffuse pain in his neck, left shoulder, low back, and right lower extremity. Pain medication was documented as giving 6/10 relief and previous epidural steroid injection was reported to provide 60% relief for one week. This helped him function better with activities and stand straight and walk longer. A second right L5-S1 transforaminal epidural steroid injection was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second right L5-S1 transforaminal epidural injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Office visits.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

**Decision rationale:** Regarding the request for Second right L5-S1 transforaminal epidural injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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 blocks per region per year. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. Furthermore, there are no imaging or electrodiagnostic studies confirming a diagnosis of radiculopathy. As such, the currently requested Second right L5-S1 transforaminal epidural injection is not medically necessary.