

<b>Case Number:</b>	CM15-0078503		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	01/04/2006
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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

### 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 59 year old male, who sustained an industrial injury on 1/04/2006, while employed as a stock clerk. He reported low back pain while transferring tile bundles. The injured worker was diagnosed as having lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. Treatment to date has included diagnostics, chiropractic, transforaminal epidural steroid injections (most recently 2/13/2015 and 2/23/2015), home exercise program, and medications. Currently (3/17/2015), the injured worker complains of low back pain, rated 4/10, with numbness and tingling to the legs. He reported 15% relief from first injection and 50% relief from the second, and he "takes less medication". Current medication use was not noted. His pain was documented as decreased from 9/10 to 4/10. Physical exam noted diffuse tenderness over the lumbar paravertebrals, moderate facet tenderness from L4-S1, positive bilateral Kemp's test and Farfan test, and positive straight leg raise test bilaterally. Lumbar range of motion was mildly decreased. Sensation was decreased along the bilateral L4 and L5 dermatomes and motor was 4/5 over the right L4 and L5. His work status was not documented. The treatment plan included a third transforaminal epidural steroid injection, bilateral L4-5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Third bilateral L4-L5 and L5-S1 Transforaminal epidural steroid injections:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steroid injections, page 46.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Although the patient has radicular symptoms with clinical findings of such, to repeat a LESI in the therapeutic phase, 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. Submitted reports are unclear with level of pain relief and duration of benefit. Submitted reports have not demonstrated any functional improvement derived from the LESI as the patient has unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased functional status or activities of daily living from the two previous LESI one week apart. Criteria to repeat the LESI have not been met or established. The Third bilateral L4-L5 and L5-S1 Transforaminal epidural steroid injections are not medically necessary and appropriate.