

<b>Case Number:</b>	CM13-0026216		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	10/25/2004
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 55-year-old male with a 10/25/04 date of injury. At the time of request for authorization for transforaminal lumbar epidural steroid injection to bilateral L4-5 under fluoroscopic guidance, there is documentation of subjective (increasing pain in the low back and lower extremities with numbness in the feet and anterior aspect of the thighs) and objective (decreased lumbar spine range of motion in all directions, positive straight leg raise, 1+ Achilles reflex, and decreased sensation over his buttocks bilaterally) findings, current diagnoses (chronic low back pain, lumbar degenerative disc disease, lumbar discogenic pain, bilateral L4-5 radiculitis, chronic pain syndrome, diabetes, lower extremity peripheral neuropathy, and lumbar myofascial pain), and treatment to date (activity modification, injections, and medications). 8/21/13 medical report indicates that the patient had a bilateral L4-5 transforaminal injection in the past, which provided 60% improvement in his back and leg pain and improved mobility. There is no documentation of pain relief for six to eight weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal lumbar epidural steroid injection to bilateral L4-5 under fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection's..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs).

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain, lumbar degenerative disc disease, lumbar discogenic pain, bilateral L4-5 radiculitis, chronic pain syndrome, diabetes, lower extremity peripheral neuropathy, and lumbar myofascial pain. In addition, there is documentation of at least 50-70% pain relief. However, there is no documentation of pain relief for six to eight weeks. Therefore, based on guidelines and a review of the evidence, the request for transforaminal lumbar epidural steroid injection to bilateral L4-5 under fluoroscopic guidance is not medically necessary.