

<b>Case Number:</b>	CM13-0027014		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/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:

The injured worker is a 60-year-old female who reported an injury on 01/05/2011, with the mechanism of injury not cited within the documentation provided. In the clinical notes, dated 08/20/2013, the injured worker complained of severe lower back spasm. The injured worker noted her pain to be 5/10 to 6/10. The injured worker's prior treatments included tramadol, physical therapy, and surgeries to the lower back. In the physical exam it was noted that there was no leg pain and nerve study was intact. The diagnoses included lumbar spine, microdiscectomy dated 12/12/2012, degenerative joint disease to the right knee. The treatment plan included the request for transforaminal L4-5 ESI, the injured worker to complete physical therapy with 6 sessions authorized, tramadol, Lidoderm patches, and pads for home TENS unit. The request for authorization for post microdiscectomy for transforaminal ESI at L4-5 was submitted on 08/20/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal epidural steroid injection at bilateral l4-5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 46.

**Decision rationale:** The request for transforaminal epidural steroid injections at bilateral L4-5 is non-certified. The California MTUS Guidelines state that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain. The purpose of ESI is to reduce pain and inflammation, restoring range of motion, and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long term functional benefit. The criteria for the use of ESIs include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants); injections should be performed using fluoroscopy (live x-ray) for guidance; no more than 2 nerve root levels should be injected using transforaminal blocks, and no more than 1 interlaminar level should be injected at 1 session. In the clinical notes provided for review, there is lack of documentation of the injured worker having radiculopathy symptoms within the physical examination. Furthermore, there is lack of documentation of the injured worker having neurological and/or functional status deficits. Therefore, the request for transforaminal epidural steroid injections at bilateral L4-5 is not medically necessary.