

<b>Case Number:</b>	CM13-0038527		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	01/03/2012
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 & Rehabilitation, has a subspecialty in Pain Management, 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 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 patient is a 47 year old male with an injury date on 01/03/2012. Based on the 09/04/13 progress report provided by [REDACTED] the patient's diagnosis include decreased lumbar flexion, positive bilateral sciatic notch tenderness, L3-L4 and L4-L5 discopathy with radiculopathy, right lateral epicondylitis, and left wrist ganglion. [REDACTED] is requesting selective bilateral transforaminal epidural steroid injection (ESI) at L3-L4 and L4-L5 (lumbar spine). The utilization review determination being challenged is dated 10/09/13 and recommends denial of the bilateral transforaminal epidural steroid injection. [REDACTED] is the requesting provider, and he provided three treatment reports from 09/04/13- 12/05/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SELECTIVE BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTION (ESI) AT L3-L4 AND L4-L5 (LUMBAR SPINE): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN TREATMENT , 46 OF 127

**Decision rationale:** According to the 09/04/13 progress report, the patient presents with decreased lumbar flexion, positive bilateral sciatic notch tenderness, L3-L4 and L4-L5 discopathy with radiculopathy, right lateral epicondylitis, and left wrist ganglion. The request is for selective bilateral transforaminal epidural steroid injection (ESI) at L3-L4 and L4-L5 (lumbar spine). There were no imaging studies or electrodiagnostic testing to indicate radiculopathy in the medical records provided for review. Nor were there any QME/AME to refer to any previous imaging studies. In reference to an epidural steroid injection, MTUS Chronic Pain Guidelines state, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In the absence of a clear imaging study or examination demonstrating radiculopathy, ESI is not suggested. The request is not medically necessary and appropriate.