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| <b>Case Number:</b>   | CM13-0041199 |                              |            |
| <b>Date Assigned:</b> | 12/20/2013   | <b>Date of Injury:</b>       | 07/22/2011 |
| <b>Decision Date:</b> | 02/07/2014   | <b>UR Denial Date:</b>       | 09/13/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/11/2013 |

### 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, has a subspecialty in Interventional Spine 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:

This is a 30 year-old female with a 7/22/11 industrial injury claim. Her diagnoses from the 8/15/13 report is HNP lumbar spine with stenosis; lumbar radiculopathy; HNP thoracic spin with stenosis; and Neck pain (not claimed). The IMR application shows a dispute with the 9/13/13 UR decision and the 9/13/13 UR decision is by [REDACTED] and recommends denial for a transforaminal epidural steroid injection at the left L5 root. It was based on the 8/15/13 medical report, and the 8/21/13 electrodiagnostic report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Steroid Injection left L5 root.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The 8/27/13 report from [REDACTED] for [REDACTED] states the patient has neck and back pain 5-8/10 with some tingling and numbness in her left and right hands and left leg. The 8/21/13 electrodiagnostic study of the lower extremities was normal.

There was decreased sensation noted in the left L4, L5 and S1 dermatomes. There are no imaging studies available for IMR, but according to the 8/27/13 report, there was a lumbar MRI from 4/21/11 showing no disc protrusion, or central or neural foraminal narrowing. [REDACTED] feels the MRI films show bilateral neural foraminal narrowing at L5/S1 affecting the L5 roots bilaterally. He requests the Left L5 TFESI. The 8/15/13 report from [REDACTED] reports the same findings as on 8/21/13, but also notes the patient has bilateral TFESI on 7/11/13 "which did help" but does not discuss the duration. MTUS has clear criteria for ESI, including: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." And "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, with a general recommendation of no more than 4 blocks per region per year. " It does not appear that radiculopathy has been documented or confirmed by electrodiagnostics or imaging, and it does not appear that the patient had 50% relief lasting 6-8 weeks from the 7/11/13 ESI. The request is not in accordance with MTUS guidelines.