

<b>Case Number:</b>	CM13-0051241		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	01/24/1995
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in New York, New Jersey and Connecticut. 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:

This is a patient with a date of injury of 1/24/95. A utilization review determination dated 10/3/13 recommends non-certification of right L3 transforaminal ESI and bilateral L4-5 medial branch block. 9/17/13 medical report identifies bilateral arm and leg pain and right hip pain. Leg pain on the left is from the knee distal to the foot and the right leg pain is in an anterior distribution radiating to the knee. On exam, there is facet tenderness and myofascial tenderness in the spine with diffuse dysesthesias and tenderness in the upper and lower extremities. The provider notes that there is radiating right leg pain in an L3 distribution, but then notes that there is axial spine pain that is non-radiating. 6/6/13 lumbar spine MRI identifies L3-4 moderate to severe right and mild left neural foramina narrowing and mild canal stenosis. Mild bilateral facet arthropathy is noted at multiple levels, with L4-5 noted to be moderate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An outpatient right L3 transforaminal epidural steroid injection with fluoroscopy and follow up visit:** 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:** Claimant already had received multimodality treatment and intervention pain procedures and she is on opioids as well as other medications. There were other concomitant medical conditions. I do agree with the reviewer and the rationale provided. It seems that any such intervention is unlikely to be curative in nature and may have inherent side effects. The available documentation does not justify these injections and they are unlikely to be curative in nature. MMI from interventional pain procedures seemed to have been reached. ESIs have minimal efficacy in chronic radicular component. There are many other concomitant medical conditions for intervention to be efficacious. Therefore, the request is not medically necessary.

**A bilateral L4-L5 medial branch block with fluoroscopy and follow up visit:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Medial Branch Block Section.

**Decision rationale:** Claimant already had received multimodality treatment and intervention pain procedures and she is on opioids as well as other medications. There were other concomitant medical conditions. I do agree with the reviewer and the rationale provided. It seems that any such intervention is unlikely to be curative in nature and may have inherent side effects. The available documentation does not justify these injections and they are unlikely to be curative in nature. MMI from interventional pain procedures seemed to have been reached. ESIs have minimal efficacy in chronic radicular component. There are many other concomitant medical conditions for intervention to be efficacious. Therefore, the request is not medically necessary.