

<b>Case Number:</b>	CM13-0063495		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	06/30/2004
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 51-year-old female who reportedly sustained multiple injuries while twisting her body moving trash cans on 06/30/2004 (versus lifting a 45 pound box as documented on her Orthopedic Spine Surgical Consultation evaluation dated 4/15/13). Since that time, she complained of lumbar pain and ultimately underwent posterior approach instrumentation and decompression of L4-5, L5-S1. On the primary treating physician's progress report dated 8/20/2013, the patient reports no subjective radicular symptoms or expression of level of pain or its severity. Physical examination reveals midline tenderness from L3 to S1 with palpable tenderness in the bilateral paraspinal muscles. Additionally, the patient has a positive seated straight leg raise and 4/5 quadriceps strength testing on the left lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL L4-5, L5-S1 TRANSFORAMINAL EPIDURAL INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatment Page(s): 46.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain that "must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" with the procedure performed under fluoroscopy for guidance. Repeated ESI treatment "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". The MTUS guidelines are specific as to what must be demonstrated in order to obtain an ESI. Based on the medical records provided for review there is no complaint of radicular symptoms or documentation of radicular symptoms that are collaborated with either electrodiagnostic testing or imaging studies. The request for bilateral L4-5, L5-S1 transforaminal epidural injection is not medically necessary and appropriate.