

<b>Case Number:</b>	CM13-0065708		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/15/1998
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 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 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 54-year-old male with date of injury of 10/15/1998. The listed diagnoses per [REDACTED], dated 09/26/2013, are: Lumbar spine spondylosis with facet syndrome; Cervical spondylosis; Long-term use of current medication; and Lumbar radiculopathy. According to this report, the patient complains of right sided back pain. The patient describes the pain as sharp, burning, pressure-like, pins and needles. The patient rates this pain at 7/10. The patient states that his pain is severe and interferes with most, but not all of his daily activities. The patient states that injection therapy initially provided relief, but relief did not last. The physical exam shows straight leg raise test is positive with leg pain. Reflexes are 2+ and symmetric. Sensation is intact to soft touch, and temperature. Acute spasms were noted, worse on the right side, and lumbar facet maneuvers elicit pain bilaterally, worse on the right. The utilization review denied the request on 11/15/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SERIES OF THREE (3) TRANSFORAMINAL EPIDURAL INJECTIONS AT LUMBAR RIGHT L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPDIRUAL STEROID INJECTIONS (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46, 47.

**Decision rationale:** This patient presents with low back pain. The physician is requesting a series of 3 transforaminal epidural injections at right L4-L5. The MTUS guidelines recommend this as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings in an MRI. Guidelines also state that no more than 2 nerve root levels should be injected using transforaminal blocks. In addition, current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. No more than 2 epidural steroid injections are recommended. The MRI of the lumbar spine dated 03/01/2005 showed mild hypertrophic changes at the facet joints bilaterally but neuroforamina appears to be normal at L4-L5. In this case, while the physical exam shows a positive straight leg raise, the MRI does not show any stenosis or nerve root lesions that would corroborate radicular pain. Furthermore, the requested series of 3 is not supported by the MTUS Guidelines. As such, the request is not medically necessary.