

<b>Case Number:</b>	CM14-0104989		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/06/2006
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Occupational Medicine 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 who has submitted a claim for lumbosacral radiculopathy, lumbar facet arthropathy, myofascial pain, and testicular pain associated with an industrial injury date of 11/6/2006. Medical records from 8/5/2013 up to 6/12/2014 were reviewed showing continued significant low back and leg pain. He continues to go to school but has difficulty due to pain. Physical examination showed slow gait, lumbar ROM limited to flexion and extension with pain. SLR test was positive on the left, localizing to low back and left leg pain. SLR test was positive on the right, localizing to low back pain and moderate right leg pain. Sensation was mildly decreased over the left L5 and S1 dermatomes. There was tenderness over the bilateral L4-5 and L5-S1 facet joints. No imaging or electrodiagnostic study was made available for review. Treatment to date has included Flexeril, tramadol, hydrochlorothiazide, Etodolac, physical therapy, TENS unit, chiropractic care, facet injections, and TFESI. Utilization review from 7/2/2014 denied the request for Bilateral L4 and L5 Transforaminal Epidural Steroid Injection. There is no documentation of recent diagnostic study corroborating the presence of L4/5 radiculopathy. The patient has previously received epidural steroid injection however, there is no documentation of significant functional benefit. It is unclear if results were obtained from TFESI or facet injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4 and L5 Transforaminal Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI's) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** As stated on page 46 of the MTUS Chronic Pain Guidelines, epidural steroid injections (ESI) are indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. No more than one interlaminar level should be injected at one session. 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. In this case, the patient was noted to have greater than 50% pain relief from the previous blocks in 6/2012, although objective gains were not documented. Although nerve root compromise was elicited from physical examination, recent diagnostic imaging to corroborate findings was not made available. It was noted that the patient is approved for an MRI of the lumbar spine to document the presence or absence of radiculopathy; however, official result was not submitted for review. The medical necessity cannot be established due to insufficient information. Therefore the request is not medically necessary and appropriate.