

<b>Case Number:</b>	CM14-0016763		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Physical Medicine and Rehabilitation 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 56-year-old male who has submitted a claim for multilevel lumbar spondylosis, bilateral hallux valgus and pes planus, cervicalgia, chronic spine pain syndrome, and wrist ganglion cyst; associated with an industrial injury date of 01/25/2013. Medical records from 02/27/2013 to 02/17/2014 were reviewed and showed that patient complained of persistent cervical and lumbar pain with radiation to the upper and lower extremities. Patient has had previous TFESI on 12/11/2013. Physical examination showed an antalgic, limping gait. Patient ambulates using a cane. Tenderness over the entire spine was noted. Range of motion was limited by pain. Straight leg raise test was positive. DTRs and motor strength were normal. Sensation was intact. MRI of the lumbar spine, dated 09/24/2013, showed severe degenerative bone and disc changes at L5-S1, and equivocal encroachment of the descending left S1 nerve root. Treatment to date has included medications, physical therapy, and TFESI (12/11/2013). Utilization review, dated 01/28/2014, denied the request for transforaminal epidural steroid injection. The rationale for denial was not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TRANSFORAMINAL EPIDURAL STEROID INJECTION RIGHT L3-4 AND L4-5 TIMES 2: Upheld**

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

**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 Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient complains of persistent cervical and lumbar pain with radiation to the upper and lower extremities. Patient has had previous TFESI on 12/11/2013, but medical records submitted for review failed to indicate pain and functional improvement. Physical examination showed radicular findings; however, MRI of the lumbar spine, dated 09/24/2013, showed equivocal encroachment of the descending left S1 nerve root; and EMG/NCS, dated 10/14/2013, showed no electrodiagnostic evidence of radiculopathy. The criteria have not been met. Therefore, Transforaminal Epidural Steroid Injection right L3-4 and L4-5 times 2 is not medically necessary.