

<b>Case Number:</b>	CM14-0113252		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/13/1999
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 57-year-old female with a reported date of injury of 10/13/1999. The mechanism of injury was noted to be a lifting injury. Her diagnoses were noted to include lumbar radiculopathy, herniated lumbar disc, lumbar spondylosis, and degenerative lumbar disc disease. Her previous treatments were noted to include medications, physical therapy, and trigger point injections. An MRI on an unknown date was reported to show a disc bulge at L4-5 and L5-S1. There was also noted facet arthropathy in the lower lumbar region. The progress note dated 06/10/2014 revealed the injured worker complained of a cramping sensation radiating from the buttocks area into the bilateral knees and calves with sensation of swelling rated 6/10 to 7/10. She also noted bilateral plantar surface pain to the foot. The physical examination of the lumbar spine revealed a positive straight leg raise bilaterally; slump was positive bilaterally for radiating symptoms in the thigh and calf regions. There was a reduced range of motion to the lumbar spine. The sensation examination was revealed to be intact from L1 through S2 bilaterally. Deep tendon reflexes were noted to be equal bilaterally. The motor strength examination revealed 5-/5 to the bilateral hip flexion and right knee flexion. The left knee flexion, bilateral knee extension, and bilateral ankle dorsiflexion was rated 5/5. The bilateral ankle plantar flexion was rated 4+/5. The Request for Authorization form dated 06/10/2014 was for a bilateral transforaminal epidural steroid injection at L5 for radiating pain symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Transforaminal Epidural Steroid Injection at L5: Upheld**

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

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

**Decision rationale:** The injured worker has previously tried physical therapy and medications. The California MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain (defined as pain defined in dermatomal distribution with corroborative findings of radiculopathy). The guideline criteria for the use of epidural steroid injections are radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment such as exercises, physical methods, NSAIDs, and muscle relaxants. The injections should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks and no more than 1 intralaminar level should be injected at 1 sessions. There is a lack of clinical findings consistent with radiculopathy showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, the request is not medically necessary.