

<b>Case Number:</b>	CM14-0117992		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/13/1997
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 50-year-old male with a 11/13/97 date of injury, and status post L4-S1 fusion 01. At the time (6/24/14) of request for authorization for bilateral lumbar TFESI under fluoroscopic guidance, there is documentation of subjective (back pain and left lower extremity neuropathic pain; paresthesia and pain in the bilateral legs) and objective (lumbar paraspinal tenderness, numbness over the L5 dermatome, limited range of motion, 4/5 muscle strength bilateral dorsiflexion, reduced sensation bilateral L4 and L5 dermatomes) findings, current diagnoses (post laminectomy syndrome, lumbar disc degeneration, displacement of lumbar intervertebral disc without myelopathy, lumbago, lumbar radiculitis radiculopathy, sacroilitis NOS, and myositis NOS), and treatment to date (medications, aqua therapy, and spinal cord stimulators). 6/11/14 medical report identifies a request for bilateral L3-4 TFESI. There is no documentation of subjective radicular findings in the requested nerve root distribution and imaging findings at the requested level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar TFESI under Fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs).

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar transforaminal epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of diagnoses of post laminectomy syndrome, lumbar disc degeneration, displacement of lumbar intervertebral disc without myelopathy, lumbago, lumbar radiculitis radiculopathy, sacroilitis NOS, and myositis NOS. In addition, there is documentation of objective (sensory changes) radicular findings in the requested nerve root distribution and failure of conservative treatment (activity modification, medications, and physical modalities), and that no more than two nerve root levels are to be injected in one session. However, despite non-specific y documentation of subjective findigns (back pain and left lower extremity neuropathic pain; paresthesia and pain in the bilateral legs), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in the requested nerve root distribution. In addition, there is no documentation of imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level. Therefore, based on guidelines and a review of the evidence, the request for bilateral lumbar TFESI under fluoroscopic guidance is not medically necessary.