

<b>Case Number:</b>	CM14-0137826		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/20/2000
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 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:

This is a female patient with the date of injury of December 20, 2000. A Utilization Review was performed on August 5, 2014 and recommended non-certification of right sided transforaminal epidural injections at L2-L3 and L3-L4. A Periodic Office Visit dated July 17, 2014 identifies Subjective Complaints of back pain radiating from low back down right leg and lower backache. Physical Exam identifies loss of normal lordosis with straightening of the lumbar spine and surgical scars. Range of motion is restricted. Lumbar facet loading is positive on both sides. Pain to lower back with bilateral SLR. Tenderness noted over the sacroiliac spine. Trigger point with radiating pain and twitch response on palpation at lumbar paraspinal muscles on right and left. Diagnoses identify spinal/lumbar DDD, low back pain, and sacroiliac pain. Treatment Plan identifies transforaminal lumbar epidural injection (site L2-L3 and L3-L4), side: right. CT of the lumbar spine dated July 15, 2014 identifies Conclusion of small disc bulging at L2-3, L3-4, and L4-5. No significant central stenosis. Moderate foraminal narrowing at L3-4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Side Transforaminal Epidural Injections at L2-L3 and L3-L4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs)9792.20-9792.26 Page(s): 46 OF 127.

**Decision rationale:** Regarding the request for right side transforaminal epidural injections at L2-L3 and L3-L4, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, the submitted imaging study does not corroborate the diagnosis of radiculopathy at all of the proposed levels. In the absence of such documentation, the currently requested right side transforaminal epidural injections at L2-L3 and L3-L4 is not medically necessary.