Case Number:	CM14-0152196		
Date Assigned:	09/22/2014	**Date of Injury:**	11/02/2011
Decision Date:	10/21/2014	**UR Denial Date:**	08/18/2014
Priority:	Standard	**Application Received:**	09/18/2014

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 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 61 year old male with an 11/2/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 8/1/14 noted subjective complaints of neck and lower back pain. Objective findings included decreased lumbar ROM, lumbar facet tenderness and paraspinal tenderness. Motor strength and sensory are intact b/l lower extremities. It was noted that the patient has had good relief with prior ESI. A lumbar MRI 7/29/13 showed L5-S1 left neural foraminal stenosis affecting the exiting left L5 nerve root. Diagnostic Impression: lumbar disc degeneration, lumbar radiculopathy. Treatment to Date: medication management, prior ESI, physical therapy. A UR decision dated 8/18/14 denied the request for right lumbar transforaminal epidural steroid injection at the levels of L4-L5 and L5-S1 under fluoroscopy. The MRI report findings do not corroborate a diagnosis of radiculopathy at L4-5. The physical exam lacked significant objective neurological deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar transforaminal epidural steroid injection at the levels of L4-L5 and L5-S1 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, there is no objective evidence of radiculopathy on physical examination. There is noted to be normal motor and sensory examinations of the lower extremities bilaterally. Additionally, the MRI demonstrates L5-S1 left sided nerve impingement. It is unclear why the request is for right sided injections at L4-L5 and L5-S1. Furthermore, there is no clear documentation of failure of conservative management. Finally, there is note that previous ESI had resulted in good relief, but there is no specific quantification of the amount of relief achieved. Therefore, the request for right lumbar transforaminal epidural steroid injection at the levels of L4-L5 and L5-S1 under fluoroscopy was not medically necessary.