

<b>Case Number:</b>	CM14-0154879		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	07/17/1998
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Interventional Spine 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 42-year-old male with a date of injury of 07/17/1998. The listed diagnoses per [REDACTED] are: 1. Lumbar radiculopathy. 2. Post-laminectomy syndrome at L4-L5 and L5-S1. According to progress report 08/06/2014, the patient presents with low back pain that radiates down right leg in the L5 distribution. The patient has difficulty with ADLs secondary to pain and has failed physical therapy and medication management. He is currently not working secondary to pain. Examination revealed straight leg raise is positive bilaterally at 45 degrees. Sensation is decreased in the right leg in L5 distribution (thigh). Strength is decreased heel to toe walk and decreased right FHL. Treater states there was an MRI that documented "status post fusion at L5-S1." Date of MRI is unnoted and a copy of the imaging was not provided for my review. The treater is requesting a right L4-L5, L5-S1 transforaminal epidural injection with fluoroscopic guidance. Utilization review denied the request on 09/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Right lumbar L4-S1 L5-S1 Tranforaminal Epidural Injection under fluoroscopic guidance x1 with status post follow, as an outpatient for submitted diagnosis of Lumbar Radiculitis: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46,47.

**Decision rationale:** This patient presents with low back pain that radiates down the right leg in L5 distribution. The treater is requesting a right L4-L5, L5-S1 transforaminal epidural injection under fluoroscopic guidance. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 48, "Recommended as an option for treatment of radicular pain defined as pain in the dermatomal distribution with corroborated findings of radiculopathy." In this case, the medical file provided for review includes progress reports from 02/24/2014 through 08/06/2014. There is no MRI provided for review. The treater in his 08/06/2014 progress report does indicate there was an MRI which showed "status post fusion at L5-S1." There is no further discussion of MRI's results that may corroborate the patient's low back and right leg pain. This request is not medically necessary.