

<b>Case Number:</b>	CM14-0168734		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	02/11/2013
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Texas & Florida. 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 60 year old female who was injured on 2/11/2013. The diagnoses are lumbar radiculopathy, muscle spasm, neck and bilateral knee pain. The 8/7/2014 MRI of the lumbar spine showed multilevel facet arthropathy, disc bulge and foraminal narrowing. The patient completed a cervical epidural steroid injection in May, 2014 and SI joint injection on April, 2014. On 8/26/2014, [REDACTED] noted pain score of 7/10 on a scale of 0 to 10. There is associated tingling and numbness of the lower extremities. There is decreased range of motion of the lumbar spine. The medications are Xanax for anxiety, cyclobenzaprine for muscle spasm, Anaprox and Norco for pain. The UDS was consistent. A Utilization Review determination was rendered on 9/4/2014 recommending non utilization for bilateral L5-S1 transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**outpatient bilateral lumbar transforaminal epidural steroid injections (ESIs) at L5-S1 level:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs); Criteria for the se of epidur.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injection can be utilized for the treatment of lumbar radiculopathy that did not respond to conservative treatment with medications and physical therapy. The records indicate there are subjective, objective and radiological findings consistent with lumbar radiculopathy. It is of note that the patient had positive response to prior cervical epidural and SI joint injections. The criteria for bilateral L5 -S1 transforaminal epidural steroid injections were met.