

<b>Case Number:</b>	CM14-0174387		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Illinois. 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 injured worker is a 40-year-old male who reported an injury on 08/08/2013. The mechanism of injury was not provided. The injured worker's diagnoses included degeneration of lumbar or lumbosacral intervertebral disc and thoracic or lumbosacral neuritis or radiculitis. The injured worker's past treatments included medications, epidural steroid injection, and caudal injections. The injured worker's diagnostic testing included an unofficial MRI on an unknown date which showed a disc bulge abutting the left S1 nerve root. The injured worker's surgical history was not provided. On the clinical note dated 09/09/2014, the injured worker complained of left sided low back and left leg pain. The injured worker rated his pain at 7/10. The injured worker had a positive straight leg raise test, positive lumbar facet loading, and decreased flexion and extension of the left lumbar. The injured worker's medications included Alogliptin 12.5 mg/metformin 1000 mg 1 to 2 tablets as directed and Lisinopril 20 mg 1 to 2 tablets as directed. The request was for a lumbar TFESI L4-5. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar TFESI L4-5:** 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 Chronic Pain Treatment Guidelines ESI  
Page(s): 46.

**Decision rationale:** The request for a lumbar TFESI L4-5 is not medically necessary. The injured worker was diagnosed with degeneration of lumbar or lumbosacral intervertebral disc and thoracic or lumbosacral neuritis or radiculitis. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain. Radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy for guidance. A second block is not recommended if there is an inadequate response to the first block. No more than 2 nerve root levels should be injected using transforaminal blocks and fused levels should not be injected. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, and with a general recommendation of no more than 4 blocks per region per year. There was a lack of documentation indicating imaging studies to corroborate the necessity of the ESI. The injured worker has documentation of radiculopathy in the form of a positive straight leg raise test. The medical records indicate previous injections have been helpful. The injured worker was previously injected at the L5-S1 level. However, the medical records did not indicate imaging studies that corroborated radiculopathy at the requested level to be injected. As such, the request for a lumbar TFESI L4-5 is not medically necessary.