

<b>Case Number:</b>	CM14-0022663		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 and Pain Medicine and is licensed to practice in 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 injured worker is a 38-year-old male who reported an injury on 01/13/2012. The mechanism of injury was not provided. On 01/06/2014, the injured worker presented with chronic back, left hip, and left shoulder pain. He reported a 50% reduction in his low back pain following a lumbar epidural steroid injection, which was performed 4 months prior. Upon examination, the injured worker's gait was antalgic and he ambulated with the assistance of a single-point cane. The diagnoses were noted as a sprain of the neck, sprain/strain of the lumbar region, joint pain of the shoulder, pain in the joint pelvis and thigh, and generalized anxiety disorder and depression. The provider recommended a bilateral transforaminal lumbar epidural steroid injection due to the injured worker's pain is gradually returning and the injured worker would require repeat epidural steroid injections to help reduced pain and to allow him to continue his rehabilitation. The request for authorization form was not included within the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION L4-5, L5-S1 WITH MYELOGRAPHY, EPIDUROGRAM, IV SEDATON AND FLUOROSCOPY, CONTRAST DYE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The request for bilateral transforaminal lumbar epidural steroid injection L4-5, L5-S1 with myelography, epidurogram, IV sedation and fluoroscopy, contrast dye, is non-certified. The California MTUS Guidelines recommend an epidural steroid injection as an option for the treatment of radicular pain. An epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehabilitation efforts, including continuing in a home exercise program. There was no information on improved function. The criteria for use of a TESI include radiculopathy must be documented by a physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 root levels should be injected using transforaminal blocks. The clinical notes lack evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy documented by physical examination and corroborated by imaging studies. There was a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercises, physical methods, and medications. As such, the request is non-certified.