

<b>Case Number:</b>	CM14-0042646		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	11/15/2008
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 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 65-year-old male who has submitted a claim for lumbar disc degeneration, lumbar radiculitis, and sciatica; associated with an industrial injury date of 11/15/2008. Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain, graded 2/10, radiating to the left leg. Pain is aggravated by sitting, standing, and walking; and relieved by change in position, stretching, application of heat, and oral pain medications. Physical examination showed lumbar facet tenderness. Range of motion was limited by pain. Bilateral straight leg raise test was positive. Pain followed the L4 and L5 dermatomes. Muscle strength was 5-/5 in the bilateral lower extremities. Sensation was intact. MRI of the lumbar spine, dated 01/18/2011, showed mild bilateral neural foraminal stenosis at the level of L4-L5, and moderate left neural foraminal stenosis at the level of L5-S1. Treatment to date has included medications, and chiropractic therapy. Utilization review, dated 03/14/2014, because there was not enough information to support the request for repeat ESI, including the percentage of pain relief and the length of time the relief lasted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Steroid Injection Bilateral L4-5, L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Section 722.1 subsection under ESI.

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

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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. In this case, the patient complains of back pain accompanied by radicular symptoms despite medications and chiropractic therapy. Straight leg raise test was positive bilaterally, and muscle strength was 5-/5 in the bilateral lower extremities. However, there were no noted neurological deficits over the L4-L5 and L5-S1 dermatomes. Moreover, MRI of the lumbar spine, dated 01/18/2011, failed to show significant neural foraminal narrowing, or nerve root compromise. The criteria for ESI have not been met. Therefore, the request for Transforaminal Epidural Steroid Injection Bilateral L4-5, L5-S1 is not medically necessary.