

<b>Case Number:</b>	CM14-0087003		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/16/2005
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. . 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 37-year-old male who reported an injury on 02/16/2005. On 04/02/2014, the injured worker presented for a follow up and reported pain in the bilateral aspects of the lower lumbar spine with pain radiating down the bilateral lower extremities past the knee. Upon examination, there was tenderness of the bilateral lumbar paraspinal muscles over the L4-5 and L5-S1 bilaterally with limited lumbar active range of motion and an antalgic gait. There was a positive bilateral straight leg raise and decreased sensation distally. An MRI of the lumbar spine dated 11/09/2011 revealed L5-S1 posteriolateral disc protrusion, L5-S1 spondylosis, and L4-5 mild bilateral facet arthropathy. The diagnoses were degeneration of the intervertebral disc for the lumbar or lumbosacral, sciatica, lumbar facet joint syndrome, bulging of the disc, spondylolisthesis, and low back pain. Prior therapy included Lidoderm patches and medications. The provider recommended an epidural steroid injection for the bilateral L4-5 and L5-S1. The provider's rationale was not provided. The Request for Authorization was not included in 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:

**X-ray guided Transforaminal Epidural Steroid Injections at bilateral L4/5 and L5/S1:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

**Decision rationale:** The request for X-ray guided transforaminal epidural steroid injections at bilateral L4/5 and L5/S1 is not medically necessary. According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy for guidance, and no more than 2 levels should be injected using transforaminal blocks. The documentation submitted for review stated that the injured worker had tenderness across the lumbar paraspinal muscles from L4-5 and L5-S1 bilaterally, limited range of motion, an antalgic gait, positive straight legs bilaterally, decreased sensation distally, and tenderness over the SI joint. More information is needed to address motor strength deficits. Additionally, there is a lack of documentation that the injured worker has failed to respond to initially recommended conservative treatment. In addition, the documentation failed to show that the injured worker would be participating in an active treatment program following the requested injection. In summary, despite documentation presenting the injured worker with radiculopathy symptoms, there was no corroboration with imaging studies or information on if the injured worker would be participating in an active treatment program following the requested injections. As such, the request is not medically necessary.