

<b>Case Number:</b>	CM14-0181946		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	08/14/2008
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Internal Medicine, and is licensed to practice in Maryland. 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 employee was a 64 year old male who sustained an industrial injury on 08/14/2008 when he slipped out of a chair. The request was for right L5-S1 TFESI. Prior treatment listed included medications, acupuncture and two lumbar epidural steroid injections. An MRI of the lumbar spine done on 08/26/14 revealed annular fissure at L4-L5 and L5-S1 without significant neural compromise. The orthopedic consultation follow up note from 09/02/14 was reviewed. His complaints included neck pain and lower back pain radiating down to his right lower extremity. He reported incontinence as well. He reported having 2 lumbar ESIs greater than 2 years prior with relief lasting for just a few days. He also had facet joint injections with relief for a few days. His medications included HCTZ, Amlodipine, Atenolol, Losartan, K tab, Gabapentin, Flexeril, Bupropion, Fluoxetine, Omeprazole and Indomethacin. Pertinent examination findings included tenderness to palpation at approximately L5 through S1. He had preserved strength bilaterally and sensation was decreased in the sole of his right greater than the left foot. He had positive straight leg raising test on the right side, recreating pain going down his legs. The provider reported the MRI as showing fresh disc herniation with nerve root impingement on the right side. The recommendations were for him to undergo right sided L5-S1 lumbar epidural steroid injection as the disc herniation seemed relatively fresh.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right transforaminal epidural steroid injection 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 injections Page(s): 46.

**Decision rationale:** According to MTUS, Chronic Pain Medical Treatment guidelines, epidural steroid injections are recommended as an option for radicular pain in the setting of radiculopathy documented by physical examination and corroborated by imaging and/or EDS, unresponsive to conservative treatment and no more than two nerve root levels to be injected using transforaminal blocks and no more than one interlaminar level at one session. The employee had low back pain radiating down to the right lower extremity. He had slightly decreased sensation over the sole of the right foot. The radiology reading of the MRI lumbar spine has annular fissure without nerve root compromise. The provider noted relatively fresh disc herniation. Given the contradicting reports, absence of EDS to corroborate the radiculopathy findings and prior history of minimal improvement with epidural steroid injections, the request for transforaminal ESI of lumbar spine is not medically necessary or appropriate.