

<b>Case Number:</b>	CM14-0186813		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	04/01/2008
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 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:

This is a 56-year-old male with a 4/1/08 date of injury, when he was cutting a hole in the roof with a stimulation drill and hurt his lower back. The patient was seen on 10/12/14 with complaints of lower back pain. The patient received bilateral L4-L5 transforaminal epidural steroid injections (ESIs) on 6/25/14, with 90 % improvement in his pain. The exam findings revealed limited range of motion of the lumbar spine, non-tender lumbar paraspinals, and positive straight leg raise test bilaterally. The motor strength was within normal limits in the bilateral lower extremities, and the sensation was decreased over the right L5-S1 dermatomes. The patient was seen on 11/11/14 with complaints of lower back pain, which was getting better. The patient was attending physical therapy for his neck and stated that it was helping him. The patient denied radicular pain in the lower extremities. Exam findings revealed antalgic, slowed, and wide-based gait. The examination of the lumbar spine revealed spasms and tenderness over the paraspinals and tight muscle band with trigger point on the both sides. The diagnosis is lumbar disc displacement without myelopathy, and lumbago. The MRI of the lumbar spine dated 8/10/09 revealed: interval disc disease at L4-L5 and L5-S1 level; moderate bilateral neuroforaminal narrowing at L5-S1 level and ligamentum flavum and facet hypertrophy at L4-L5 and L5-S1 levels. The EMG/NCV of the bilateral lower extremities dated 7/10/14 reported a normal study. Treatment to date includes work restrictions, lumbar epidural steroid injections, chiropractic treatment and medications. An adverse determination was received on 10/27/14 for a lack of imaging studies supporting radiculopathy and a lack of documentation indicating that the patient exhausted all conservative treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

**Decision rationale:** The California MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, the California MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, the recent physical examination failed to reveal subjective and objective signs of radiculopathy. In addition, the physical examination dated 10/12/14 revealed that the motor strength was within normal limits in the bilateral lower extremities and that sensation over the right L5-S1 dermatomes was decreased. Given that the request was for bilateral L4-L5 and L5-S1 transforaminal epidural injections, the progress notes failed to support the request. Therefore, the request for bilateral L4-5 and L5-S1 transforaminal epidural steroid injection is not medically necessary.