

<b>Case Number:</b>	CM14-0187693		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 60-year-old male who was injured on October 1, 2007. The patient continued to experience pain in right hip and low back. Physical examination was notable for decreased sensation in right L4 and L5, 4/5 strength in the right lower extremity, slight atrophy in the right lower extremity, and positive facet challenge bilaterally. MRI of the lumbosacral spine dated March 3, 2014 reported multilevel disc protrusions, multilevel facet arthropathy, bilateral neuroforaminal narrowing at L3-4 and L4-5, and impingement on the L4 exiting nerve roots. EMG report from 9/5/13 showed right L5 denervation. Diagnoses included status post spinal surgery, facet arthropathy of the lumbar spine, and chronic radiculopathy of the right lower extremity. Treatment included steroid injections, surgery, medications, chiropractic therapy, daily home therapy, and ice therapy. Request for authorization for transforaminal epidural steroid injection at L4-5 and L5-S1 was submitted for consideration.

### 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 at L4-5, L5-S1:** 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 Pain Interventions and Guidelines Page(s): 46.

**Decision rationale:** Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection. However, they do not affect impairment of function or the need for surgery, they do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case, there is mild weakness documented in the right extremity, but it is inconsistent with L4 nerve root impingement. Imaging studies and electrodiagnostic testing do not corroborate the findings on physical examination. Criteria for epidural steroid injections have not been met. Therefore, this request is not medically necessary.