

<b>Case Number:</b>	CM14-0191062		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	10/02/2010
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 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 injured worker is a 42 year-old male, who sustained an injury on October 2, 2010. The mechanism of injury is not noted. Diagnostics have included: September 19, 2013 lumbar spine MRI reported as showing disc degeneration at L4-5 and L5-S1. Treatments have included: LESI, physical therapy, medications. The current diagnoses are: lumbar disc herniation, right SI joint inflammation. The stated purpose of the request for 2nd bilateral Transforaminal LESI at L4-5, L5-S1 under fluoroscopy guidance was not noted. The request for 2nd bilateral Transforaminal LESI at L4-5, L5-S1 under fluoroscopy guidance was denied on October 30, 2014, citing a lack of documentation of sufficient time of 50% improvement after a first LESI. Per the report dated November 13, 2014, the treating physician noted 50% improvement for at least 6 weeks from an LESI, and re-occurrence of weakness and right leg numbness and tingling, positive Gaenslen and Patrick Fabere tests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2nd bilateral transforaminal LESI at L4-5, L5-S1 under fluoroscopy guidance:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG ( [http://www.odg-twc/odgtwc/Low\\_Back.htm](http://www.odg-twc/odgtwc/Low_Back.htm))

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

**Decision rationale:** Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials," and a repeat injection with documented 50% improvement for 6-8 weeks. The injured worker has back pain. The request for 2nd bilateral Transforaminal LESI at L4-5, L5-S1 under fluoroscopy guidance was denied on October 30, 2014, citing a lack of documentation of sufficient time of 50% improvement after a first LESI. The treating physician has documented 50% improvement for at least 6 weeks from an LESI, and re-occurrence of weakness and right leg numbness and tingling, positive Gaenslen and Patrick Fabere tests. The criteria noted above having been met, 2nd bilateral Transforaminal LESI at L4-5, L5-S1 under fluoroscopy guidance is medically necessary.