

<b>Case Number:</b>	CM14-0198201		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	08/25/2007
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab 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 underlying date of injury in this case is 08/25/2007. The date of the utilization review under appeal is 11/13/2014. The patient is status post a right L3-L4 and L4-L5 transforaminal epidural injection on 07/01/2013. On 11/04/2014, the patient was seen in primary treating physician followup. The patient reported high severity of neck and low back pain with sciatica and numbness affecting the dorsal and plantar foot and toes. An MRI of the lumbar spine of 09/18/2013 was noted to have shown 7.5-mm disc herniation with bilateral lateral recess stenosis at L3-L4 and also recess stenosis at L4-L5 and left lateral recess stenosis with disc bulging at L5-S1. On exam the patient had weakness in the right extensor hallucis longus and gastrocnemius and anterior tibialis and decreased sensation on the left and pressure over the right dorsal and lateral foot. Ankle reflexes were absent, and quadriceps reflexes were symmetrical. The patient had a slow right antalgic gait. The treating physician noted that the patient's condition was worsening, with an increased neurological deficit from radiculopathy and decreased range of motion. The patient had failed to respond to prior physical therapy, medication, and rest. The treating physician felt she was a good candidate for right L3-4 and L4-5 foraminal injection. A procedure note of 11/05/2012 describes a right L5 selective epidural steroid injection for the diagnosis of lumbar disc herniation causing lumbar radicular pain. On 07/01/2013, the patient underwent selective epidural injection on the right at L3-L4 and also on the right at L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-4 Foraminal Epidural Injection Under Fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections states that in the therapeutic phase repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction in medication use for 6-8 weeks. The medical records in this case do not discuss results of multiple prior epidural injections. The guidelines have not been met to support the current request. This request is not medically necessary.

**L4-5 Foraminal Epidural Injection Under Fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections states that in the therapeutic phase repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction in medication use for 6-8 weeks. The medical records in this case do not discuss results of multiple prior epidural injections. The guidelines have not been met to support the current request. This request is not medically necessary.