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| <b>Case Number:</b>   | CM14-0207187 |                              |            |
| <b>Date Assigned:</b> | 12/19/2014   | <b>Date of Injury:</b>       | 02/16/2004 |
| <b>Decision Date:</b> | 02/27/2015   | <b>UR Denial Date:</b>       | 11/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/10/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 59 year old male who was injured on 2/16/2004. The diagnoses are lumbar spondylosis, lumbar radiculopathy and low back pain. The 2014 MRI of the lumbar spine showed multilevel disc bulges, L5-S1 stenosis, annular tear and facet arthropathy. On 10/21/2014, ██████████ noted subjective complaint of low back radiating down the lower extremities associated with numbness and weakness. The pain score was rated at 7-9/10 on a scale of 0 to 10. There was positive straight leg raising test, tenderness over the lumbar spine, decreased muscle strength and decreased sensation on the lower extremities. The medications listed are Ambien, gabapentin, naproxen, pantoprazole and Tramadol. A Utilization Review determination was rendered on 11/11/2014 recommending non certification for bilateral L4-5, L5-S1 transforaminal epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5, L5-S1 Transforaminal Epidural Steroid Injection Using Fluoroscopy:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back Epidural Injections

**Decision rationale:** The California MTUS and the Official Disability Guidelines recommend that epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and physical therapy have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with lumbar radiculopathy. The patient have completed and failed conservative treatment with medications and physical therapy. The criteria for bilateral L4-L5, L5-S1 transforaminal fluoroscopic guided epidural steroid injections were met. Therefore, this request is medically necessary.