

<b>Case Number:</b>	CM14-0088684		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/28/2001
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 79-year-old male who reported an injury on 02/28/2001. The mechanism of injury involved a fall. The current diagnoses include degeneration of lumbar or lumbosacral disc, pain in a joint of the pelvis/thigh, lumbago, skin sensation disturbance, psychogenic pain and long term use of medication. The latest physician progress report submitted for review is documented on 05/15/2014. The injured worker presented for a follow-up evaluation with complaints of low back and bilateral lower extremity pain. The injured worker reported ongoing heaviness, numbness and tingling in the lateral and medial aspect of the right lower extremity. The injured worker had been previously treated with a lumbar epidural steroid injection on 07/16/2013, which provided 9 months of pain relief. There was no comprehensive examination of the lumbar spine provided. Recommendations included a bilateral transforaminal epidural steroid injection at L4-5 and L5-S1. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Transforaminal Lumbar Epidural Steroid Injection at L4-5 and L5-S1 with Lumbar Epidurogram, IV sedation, fluoroscopic guidance and contrast dye: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation The Official Disability Guidelines, Pain (updated 5/15/14), Epidural Steroid Injections (ESIs).

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

**Decision rationale:** California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there was no objective evidence of radiculopathy upon examination. There was also no mention of a recent attempt at any conservative management in the form of active rehabilitation. In addition, the injured worker has been previously treated with an epidural steroid injection. Although the provider noted 9 months of pain relief, there was no objective evidence of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the initial procedure. Given the above, the request is not medically necessary and appropriate at this time.