

<b>Case Number:</b>	CM15-0001813		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	02/26/2002
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55-year-old male who reported an injury on 02/26/2002. The mechanism of injury was not submitted for review. The injured worker has diagnoses of status post right shoulder scope/SAP, Mumford, positive shoulder RTC tear, and cervical spine sprain/strain. Past medical treatment consisted of medication therapy. Medications include Norco 10/325 mg, Fexmid 7.5 mg, and Cialis 10 mg. No MRIs or imaging studies were submitted for review. On 12/11/2014, the injured worker complained of low back pain. He described discomfort and constant numbness and tingling in bilateral anterior thighs. Physical examination revealed that the lumbar spine was tender to palpation, with spasm. There was a positive straight leg raise. The medical treatment plan was for the injured worker to undergo ESIs of the lumbar spine and have a follow-up in 4 to 6 weeks. A rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Transforaminal epidural steroid injection at the bilateral L4-L5 and L5-S1 levels:**

Upheld

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

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

**Decision rationale:** The request for 1 transforaminal epidural steroid injection at the bilateral L4-5 and L5-S1 levels is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. An epidural steroid injection can offer short term relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is limited information on improved function. The criteria for the use of ESIs are as follows: radiculopathy must be documented by physical examination and corroborated by imaging studies; be initially unresponsive to conservative treatment; injections should be performed using fluoroscopy; and no more than 2 nerve root levels should be injected using transforaminal blocks. The submitted documentation lacked evidence of objective findings of radiculopathy and/or loss of strength. There was no radiculopathy documented by physical examination. There was a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which included exercise, physical methods, and medications. Additionally, the request as submitted did not indicate the use of fluoroscopy for guidance. Given the above, the request would not be indicated. As such, the request is not medically necessary. Furthermore, there were no imaging or MRIs submitted for review to corroborate the diagnosis of radiculopathy.