

<b>Case Number:</b>	CM15-0004529		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	01/21/2002
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 69 year old female, who sustained an industrial injury on 1/21/2002. The current diagnoses are degenerative disc disease of the lumbar spine. Currently, the injured worker complains of low back and right leg pain. Treatment to date has included a right L4-L5 epidural steroid injection on 7/16/2013 that resolved 100% of her pain radiating down the right leg. An MRI performed on 12/16/2014 showed mild levoscoliosis of the lumbar spine with multiple lumbar spondylosis. There was moderate central spinal stenosis L3-L4 and L4-L5. There is possible impingement of the exiting right L3 and left L4 nerve roots. The treating physician is requesting right L4 transforaminal epidural steroid injection, which is now under review. On 12/31/2014, Utilization Review had non-certified a request for right L4 transforaminal epidural steroid injection. The transforaminal epidural steroid injection was non-certified based on no documentation of neurological deficits indicative of radiculopathy or pain in a dermatomal pattern. Additionally, there was no indication of the outcome of prior injections or when performed. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4 transforaminal epidural steroid injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This 69 year old female has complained of low back pain since date of injury 1/21/02. She has been treated with epidural steroid injection, physical therapy and medications. The current request is for right L4 transforaminal epidural steroid injection. Per the MTUS guideline cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) 3) Injections should be performed using fluoroscopy (live x-ray) for guidance 4) If used for diagnostic purposes; a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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 of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support series-of-three injections in either the diagnostic or therapeutic phase. The available medical records do not include documentation that meet criteria (1) above. Specifically, radiculopathy was not documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. On the basis of the above MTUS guidelines and available provider documentation, right L4 transforaminal epidural steroid injection is not indicated as medically necessary.