

<b>Case Number:</b>	CM15-0007653		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/03/1995
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 58 year old male, who sustained an industrial injury on 09/03/1995. The diagnoses have included lumbago, lumbar/thoracic radiculopathy, and post lumbar laminectomy syndrome. Treatments to date have included lumbar injections, physical therapy, rehabilitation, and medications. Diagnostics to date have included lumbar spine computed tomography scan which showed some changes above prior fusion. In a progress note dated 12/03/2014, the injured worker presented with complaints of lower back pain radiating down bilateral lower extremities. The treating physician reported that the injured worker returned for a one month follow up for L4-5 bilateral with a pain relief of 50% with a pain level of 5/10. Utilization Review determination on 12/16/2014 non-certified the request for Bilateral L4-5 Transforaminal Lumbar Epidural Steroid Injection citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5 Transforaminal Lumbar Epidural Steroid Injection with Epidurography, Radiology and Anesthesia:** Upheld

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

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

**Decision rationale:** Bilateral L4-5 Transforaminal Lumbar Epidural Steroid Injection with Epidurography, Radiology and Anesthesia are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The Chronic Pain Medical Treatment Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation dated 12/3/14 that requests a repeat epidural steroid injection does not reveal physical exam findings suggestive of radiculopathy, therefore this request is not medically necessary.