

<b>Case Number:</b>	CM15-0008782		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	11/16/2009
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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, 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 51-year-old male who reported an injury on 11/16/2009 due to unspecified mechanism of injury. On 11/12/2014, he presented for a followup evaluation regarding his work related injury. It was noted that he had undergone 25 acupuncture therapy sessions in 2011 and 17 chiropractic therapy sessions in 2013, he had not tried physical therapy, and he had trialed medications with Terocin, LidoPro cream, Senna, and insulin injections. He reported pain rated at a 7/10 to 8/10 and continued to report a stabbing pain in the low back with radiation of stabbing and burning pain into the head, as well as the anterior aspect of the body. He continued to report throbbing and burning pain in the bilateral lower extremities that radiated from the back and burning in the bilateral upper extremities. A physical examination showed that he walked with the aid of a cane due to weakness in the lower extremities with an antalgic gait. There was tenderness to palpation of the lumbar spine with spasms noted into the bilateral paraspinal region. Range of motion in the lumbar spine was documented as flexion to 40 degrees, extension to 10 degrees, right lateral bending to 15 degrees, and left lateral bending to 15 degrees. Sensation was intact and right inversion was 4/5. He was diagnosed with L5-S1 moderate to severe bilateral neural foraminal narrowing, grade 1 spondylolisthesis at the L5-S1, lumbar radiculopathy, and bilateral L5 spondylosis. The treatment plan was for a transforaminal lumbar epidural steroid injection at the bilateral L5, L4, and S1. The rationale for treatment was to alleviate the injured workers symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Lumbar Epidural Steroid Injection bilateral L5, L4, and S1:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines, epidural steroid injections are recommended for those who have radicular symptoms on examination corroborated with imaging studies and/or electrodiagnostic testing. There should also be evidence that they are being performed under fluoroscopic guidance and that the injured worker has failed all recommended conservative care, including physical therapy or exercise. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, there is a lack of documentation showing that he has undergone all recommended conservative treatment, such as physical therapy, to support the request. Also, it was not stated within the request that the injection would be performed using fluoroscopic guidance. Furthermore, no official imaging studies were provided for review to validate a diagnosis of radiculopathy. Therefore, the request is not supported. As such, the request is not medically necessary.