

<b>Case Number:</b>	CM15-0009193		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/18/2014
<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

Certification(s)/Specialty: Emergency 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 51 year old male, who sustained an industrial injury on October 2, 2013, due to a fall. He has reported immediate low back pain. The diagnoses have included lumbar radiculopathy secondary to degenerative disc disease and foraminal narrowing, and severe back pain secondary to degenerative disc disease. Treatment to date has included physical therapy, aquatic therapy, and medications. Currently, the injured worker complains of severe pain down the back into the left hip and leg. The Primary Treating Physician's report dated November 26, 2014, noted the injured worker was able to flex the lumbar spine to only 45 degrees, with severe pain beyond that. Straight leg raising was positive on the left, with hip pain at 80 degrees and negative on the right. The injured worker was noted to walk with an antalgic gait. EMG/NCV from 4/14/14 reveals paraspinal muscle denervation and findings of L lower extremity radiculopathy. MRI from 10/18/13 revealed degenerative disc disease at L4-5 and L5-S1 with narrowing of L neural foramina. On December 18, 2014, Utilization Review non-certified a transforaminal epidural steroid injection left L4-L5 and L5-S1, noting the clinical findings on physical examination were not consistent with an objective focal neurologic deficit that would cause concern for neural compromise or radiculopathy stemming from the lumbar spine, and an authorized course of physical therapy should be completed prior to considering more invasive procedures. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 15, 2015, the injured worker submitted an application for IMR for review of a transforaminal epidural steroid injection left L4-L5 and L5-S1.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Transforaminal epidural steroid injections Left L4-5, L5-S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for the use of Epidur.

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

**Decision rationale:** As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections(ESI) may be useful in radicular pain and may recommended if it meets criteria. 1)Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation states that ESI is reduce pain to allow for physical therapy. Meets criteria.2)Unresponsive to conservative treatment. Patient has failed multiple conservative modalities including medication and prior modalities with even chance of surgery. This is a final attempt to give pt enough pain relief to attend physical therapy so to avoid surgery. 3)Radiculopathy as defined by MTUS guidelines. Patient has imaging, electrodiagnostics and exam(from several older notes) consistent with radiculopathy.Patient meets criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is medically necessary.