

<b>Case Number:</b>	CM15-0103669		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	03/04/1991
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, 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 57 year old female, who sustained an industrial injury on 03/04/1991. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having discogenic lumbar condition with disc disease at lumbar two to three, lumbar three to four, lumbar four to five, and lumbar five to sacral one; status post laminectomy at lumbar four to five and lumbar five to sacral one with fusion performed at lumbar five to sacral one; and weight gain with sleep and stress issues secondary to chronic pain and activity. Treatment and diagnostic studies to date has included computed tomography of the lumbar spine performed on 01/27/2015, computed tomography of the lumbosacral spine performed on 01/27/2015, multiple caudal epidural steroid injections, laboratory studies, bilateral sacral one transforaminal epidural steroid injection, multiple bilateral sacroiliac injections, radiofrequency rhizotomy of the left sacroiliac joint innervation, medication regimen, use of spinal cord stimulator, use of a hot/cold wrap, and use of a H-wave machine. Radiologic studies performed on 01/27/2015 to the lumbar/ lumbosacral spine were revealing for degenerative disc disease at lumbar three to four with a broad disc protrusion and facet joint degenerative joint disease along with superimposed degenerative offset with the left greater than the right neuroforaminal narrowing, and moderate degenerative disc disease with mild to moderate disc protrusion to the left at lumbar two to three. In a progress note dated 03/11/2015 the treating physician reports complaints of pain that radiates to the thigh with tingling around the back. The treating physician noted that the injured worker has difficulty performing activities of daily living. The treating physician requested a left sided lumbar three to

four transforaminal epidural steroid injection. Medical records provided contained documentation of a lumbar epidurogram that was performed on 03/12/2015 with injection performed at lumbar three to four. Progress note from 04/08/2015 indicated that the injured worker had a 50% reduction of pain from a recent epidural however, the physician noted that pain was returning.

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

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

**Left sided L3-L4 transforaminal epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medications use. Furthermore, there is no imaging studies that corroborate the findings of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for Left sided L3-L4 transforaminal epidural steroid injection is not medically necessary.