

<b>Case Number:</b>	CM15-0109740		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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 67 year old male who reported an industrial injury on 2/27/2013. His diagnoses, and/or impressions, are noted to include: degeneration of the lumbar inter-vertebral disc; lumbar radiculopathy; spinal stenosis of lumbar region; and arthropathy of lumbar facet joints. No current imaging studies are noted. His treatments have included heat/ice therapy; gentle stretching and exercise; lumbar epidural steroid injection therapy (4/20/2015): effective; pain management. The progress notes of 5/8/2015 noted a routine office visit with reports of progressive and severe flare-ups of low back pain that radiated to his bilateral legs, groin, thighs and hamstrings, that is associated with numbness and is significantly improved (30%) with medication, activity restrictions and rest. Objective findings were noted to include pain in the low back and neck that moderately interferes with his relationships, mood, sleeping, work and concentration at work, and his overall functioning; numbness in both legs; severe tenderness to the lumbar dermatomes with painful and restricted range-of-motion; and dysesthesia to bilateral groins, legs and knees posteriorly. The physician's requests for treatments were noted to include bilateral lumbar trans-foraminal epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L2-3 TFESI: Upheld**

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

**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 the previous use of steroid epidural injection dated April 20, 2015. There is no documentation of functional improvement and reduction in pain medications use. Therefore, the request for Bilateral L2-3 TFESI is not medically necessary.