

<b>Case Number:</b>	CM15-0130289		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	06/13/2014
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 65 year old male, who sustained an industrial injury on 6/13/14. He reported injury to his neck, low back, shoulder and sustained loss of teeth after a cow fell on him and kicked his face. The injured worker was diagnosed as having lumbosacral radiculitis, myofascial pain syndrome and lumbosacral facet arthropathy. Treatment to date has included a lumbar epidural injection on 3/11/15 with 60% relief for 2.5 months, physical therapy and chiropractic treatments. Current medications include Ibuprofen, Tylenol #3, Menthoderm, Cyclobenzaprine and Lyrica. As of the PR2 dated 6/4/15, the injured worker reports low back pain radiating to the right posterolateral thigh and calf wrapping around and including the dorsum of the right foot and middle toes. He rates his pain a 10/10 at worst, an 8/10 at best and a 9/10 currently. Objective findings include lumbar flexion 90 degrees, extension 10 degrees, a positive straight leg raise test bilaterally at 60 degrees and tenderness at L4 and L5. The treating physician requested a bilateral transforaminal epidural steroid injection at L5 with fluoroscopic guidance. The 6/22/15 physical exam reveals 5/5 BLE strength, intact sensation to light touch and pinprick, symmetrical and intact BUE and BLE reflexes, Negative Babinski and Romberg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar transforaminal ESI bilateral L5 Fluoroscopic guidance: 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 Epidural steroid injections Page(s): 46.

**Decision rationale:** Lumbar transforaminal ESI bilateral L5 Fluoroscopic guidance is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not reveal physical exam findings consistent with radiculopathy in the L5 distribution therefore the request for a lumbar transforaminal L5 injection is not medically necessary.