

<b>Case Number:</b>	CM15-0134521		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	09/10/2007
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This 33 year old female sustained an industrial injury to the low back on 9/10/07. Magnetic resonance imaging lumbar spine (6/3/10) showed degeneration of the L4-5 disc with a central right disc bulge and a very small disc herniation that abutted the right L4 nerve root and minimal degeneration of the L5-S1 disc with minimal disc bulge. Electromyography/nerve conduction velocity test of bilateral lower extremities (11/16/09) was normal. Previous treatment included lumbar discectomy with decompression at right L4-5, epidural steroid injections and medications. Documentation did not disclose response to previous epidural steroid injections. In a PR-2 dated 5/27/15, the injured worker complained of low back pain. Physical exam was remarkable for lumbar spine paraspinal musculature with diffuse tenderness to palpation with well-preserved muscle bulk, joint contours and coordination. Sitting slump test and straight leg raise test were positive. The injured worker walked with an antalgic gait at a slow pace. Current diagnoses included lumbar spine radiculopathy, status post lumbar surgery and lumbar disc desiccation and degenerative disc disease. The treatment plan included transforaminal epidural steroid injections at bilateral L5-S1 and continuing medications (Norco and Tizanidine).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar transforaminal epidural steroid injection at bilateral L5-S1 under fluoroscopic guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar transforaminal epidural steroid injection bilateral L5-S1 under fluoroscopic guidance is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electro diagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. Etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. Etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbosacral radiculopathy; status post lumbosacral discectomy and laminectomy; lumbosacral disc desiccation and degenerative disease. The date of injury is September 10, 2007. The request for authorization is dated June 5, 2015. According to a May 27, 2015 progress note, the injured worker is status post transforaminal discectomy and decompression L4-L5 in 2009. Subjectively, the injured worker has ongoing chronic low back pain. Objectively, there is no neurologic evaluation and no objective clinical evidence of radiculopathy. According to a November 2009 EMG/NCV of the lower extremities, the results were normal. Consequently, absent clinical documentation of objective evidence of radiculopathy and a neurologic physical examination, lumbar transforaminal epidural steroid injection bilateral L5-S1 under fluoroscopic guidance is not medically necessary.