

<b>Case Number:</b>	CM15-0137272		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	08/20/1999
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 76 year old female who sustained an industrial injury on 8/20/99. Progress report dated 6/23/15 reports no change in chronic back pain that exceeds her leg pain. She also has numbness in her feet and is rarely using Ultram. Diagnoses include: grade L4-5 spondylolisthesis with degenerative disc disease contributing to spinal stenosis with bilateral L4 and L5 chronic radiculopathy. Plan of care includes: bilateral epidural steroid injection. She has not been responsive to physical therapy and does not require surgery. She will continue the rare use of Ultram. Work status: retired and permanent and stationary. Follow up in 1 month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5 transforaminal epidural injection under fluoroscopy:** Upheld

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

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

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for Bilateral L5 transforaminal epidural injection under fluoroscopy. The treating physician report dated 6/23/15 (39B) states, "She requires bilateral L5 transforaminal epidural steroid injection. She fulfills the MTUS guidelines for the epidural. She has verifiable lumbar radiculopathy that has not been responsive to physical therapy and does not require surgery. The epidural will be performed under fluoroscopy. Lidocaine and steroids will be used. Only 2 levels will be performed." A report dated 3/3/15 (92B) states, "(The patient) noted no benefit from the 01/02/15 bilateral L5 transforaminal epidural injection." MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. The MTUS guidelines go on to state, "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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The medical reports provided show that the patient has received a previous ESI at the L5 level on 1/2/15 (95B). In this case, while the patient presents with low back pain that radiates down to the bilateral leg, a report dated 3/3/15, notes that the patient did not receive a reduction in pain from the previous ESI. The MTUS guidelines require a 50% reduction in pain over a 4-6 week period to recommend a repeat ESI. The current request does not satisfy the MTUS guidelines as outlined on page 46. The current request is not medical necessary.