

<b>Case Number:</b>	CM15-0139160		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	03/05/2012
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 59 year old male who sustained an industrial injury on 3-5-12. Diagnoses are lumbago, lumbosacral spondylosis without myelopathy, and long-term (current) use of other medications. In an encounter visit note dated 5-29-15, the treating physician notes the injured worker is status post right transforaminal epidural steroid injection under fluoroscopic guidance on 5-18-15. He reports some marked improvement and states he no longer has problems with radicular pain into the lower legs. He still complains of marked local pain in the low back on the left side. Pain level is 6-7 out of 10. Medications refilled at this visit are Tramadol and Norco. Previous treatment includes physical therapy, massage, chiropractic treatment, acupuncture, and medications. Facet tenderness is present bilaterally on the lumbar spine at L3, L4, L5, and S1. Range of motion is decreased due to pain. An MRI done in April 2015 reveals L4-5 stenosis is worse than on the previous MRI done in 2014. The requested treatment is a left L3-4, L5-S1 intra articular facet injection under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L3-4, L5-S1 intra articular facet injection under fluroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Epidural steroid injections (ESI) Page(s): 46.

**Decision rationale:** CA MTUS states that ESI are recommended as an option for treatment of radicular pain. Their purpose is to reduce pain and inflammation, restore range of motion, and thereby facilitate progress in more active treatment programs, and avoid surgery, but this treatment alone offers no significant long-term benefit. In this case, the patient has had several past ESI with good relief after failure of conservative treatments. A previous request was for three levels on the left (L3-4, L4-5, L5-S1), however only L4-5 was approved. In addition, there was no medical necessity established for ESI at L3-4 and L5-S1. This patient is clearly a surgical candidate, which should be strongly considered as repeated ESI provides no significant long-term benefit and therefore is not medically necessary.