

<b>Case Number:</b>	CM15-0142852		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	09/11/2009
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 (IW) is a 64-year-old female who sustained an industrial injury on 09-11-2009. Diagnoses include chronic low back pain status post anterior fusion; status post left knee second revision arthroplasty; and lumbar radiculopathy. Treatment to date has included medications, spinal fusion, epidural steroid injection, aquatic therapy, modified activity and home exercise program. According to the progress notes dated 7-8-2015, the IW reported chronic low back pain radiating down both legs to the bottom of the foot with numbness in the bilateral anterior thighs and a tingling "itching" sensation in the bottom of the right foot. She also reported 50% improvement in her pain with the epidural steroid injection she received on 8-25-2014, which was still effective on this date. She complained of chronic left knee pain and left ankle and foot pain secondary to compensation for an altered gait. Her pain was 5 out of 10 and reported this as a good month. Her current medication reduced her pain from 10 out of 10 to 5-6 out of 10, which was tolerable. She denied side effects and bowel or bladder incontinence. On examination, there was moderate tenderness of the lumbar paraspinal muscles and diminished sensation to light touch in the lateral aspect of the right upper leg and medial aspect of the left lower leg. Left lower extremity muscle strength was 4 over 5 in comparison to the right. Patellar reflex was 2+ over 4 on the right and absent on the left. Achilles reflexes were symmetric. Seated straight leg raise was positive on the left. Lumbosacral bending x-rays on 3-13-2014 showed disc space narrowing and spondylosis. MRI of the lumbar spine on 4-10-2014 demonstrated fusion at L4-5 and moderate degenerative changes throughout the lumbar spine, most pronounced at L3-4 where there was moderate central canal and mild bilateral neuroforaminal narrowing. A request was made for one bilateral L3-4 transforaminal epidural steroid injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) bilateral L3-4 transforaminal epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

**Decision rationale:** One (1) bilateral L3-4 transforaminal epidural steroid injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate physical exam findings of radiculopathy in the proposed area for epidural steroid injection. 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. The documentation additionally, does not reveal associated reduction of medication for 6-8 weeks from prior epidural steroid injection. For these reasons for an epidural steroid injection is not medically necessary.