

<b>Case Number:</b>	CM15-0145419		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	05/14/1998
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 77-year-old female who sustained an industrial injury on May 14, 1998 resulting in radiating low back pain. She was diagnosed with lumbar spine radiculopathy, sacroiliitis, lumbar facet arthropathy, and lumbar degenerative disc disease. Documented treatment has included epidural steroid injections with 60 to 70 percent improvement lasting greater than six months; medication; and, an unspecified surgery. The injured worker continues to report severe, radiating back pain and episodes of falling. The treating physician's plan of care includes bilateral transforaminal epidural steroid injections at L4-5 additional level with radiology, fluoroscopy, and anesthesia. She is temporarily, totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral TESI at L4-L5 additional level, radiology, fluoroscopy, anesthesia:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
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**Decision rationale:** Regarding the request for Bilateral TESI at L4-L5 additional level, radiology, fluoroscopy, anesthesia, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. Furthermore, there are no recent objective examination findings supporting a diagnosis of bilateral radiculopathy. As such, the currently requested Bilateral TESI at L4-L5 additional level, radiology, fluoroscopy, and anesthesia is not medically necessary.