

<b>Case Number:</b>	CM15-0145832		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	09/04/2007
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/02/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old woman sustained an industrial injury on 9-4-2007. The mechanism of injury is not detailed. Evaluations include an undated lumbar spine MRI. Diagnoses include lumbar and cervical spine radiculopathy. Treatment has included oral medications. Physician notes from pain management on a PR-2 dated 5-29-2015 show complaints of back pain with radiation to the buttock and posterior leg. Recommendations include lumbar transforaminal epidural steroid injection, Flexeril, and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L3-L4 and L4-L5 trasforaminal epidural steroid injection with fluoroscopy and monitored anesthesia:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of

Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

**Decision rationale:** The claimant sustained a work-related injury in September 2007 and is being treated for low back pain with radiating right buttock and lower extremity pain. An MRI of the lumbar spine in September 2014 included findings of a right lateralized L4-5 disc herniation. Electrodiagnostic testing in March 2015 was negative for radiculopathy. When seen, there was positive left straight leg raising. The claimant's BMI was over 43. There was decreased and painful lumbar range of motion. Left sided facet tenderness and positive facet loading were present. There was a normal lower extremity neurological examination. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy. Imaging does not corroborate the claimant's left sided symptoms and facet mediated pain seems the more likely diagnosis. Moderate sedation is also being requested for the procedure. There is no indication for the use of sedation and this request is not medically necessary for this reason as well.