

<b>Case Number:</b>	CM15-0180576		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	11/30/1983
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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

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 male individual who sustained an industrial injury on 11-30-83. Diagnoses included lumbar radiculopathy; chronic low back pain; post laminectomy syndrome. He currently (8-20-15) complains of constant low back pain radiating down bilateral lower extremities causing sciatica with a pain level of 8 out of 10, which increased from 6 out of 10 per the 7-20-15 progress note. On physical exam of the spine, there were multiple areas of trigger points in the low back region, decreased stability, limited range of motion and decreased muscle strength and tone. Treatments to date include lumbar surgery X3. In the progress note, dated 8-20-15 the treating provider's plan of care included a request for epidural steroid injection, lumbar. The request for authorization was not present. On 9-3-15 utilization review evaluated and non-certified the request for transforaminal epidural steroid injection at L4-5, L5-S1 under fluoroscopy times 3 based on based on no radiculopathy noted on the physical exam and that only one level is recommended by MTUS for a transforaminal epidural and this request is for two levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TF ESI L4-5, L5-S1 Under Fluoroscopy x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The current request is for a TF ESI L4-5, L5-S1 UNDER FLUOROSCOPY X 3. The RFA is dated 08/20/15. Treatments to date include lumbar surgery X3 (2012, 2011 and 2010), physical therapy, and medications. The patient is not working. MTUS Guidelines, Epidural Steroid Injections section, page 46: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." Per report 08/20/15, the patient presents with constant low back pain radiating down the bilateral lower extremities causing sciatica. There is intermittent numbness and paresthesia in the legs and feet. On physical exam of the lumbar spine, there were multiple areas of trigger points in the low back region, decreased stability, limited range of motion and decreased tendon reflexes in the bilateral lower extremities. The treater recommended a series of ESIs. In this case, the 23 page medical file provides no discussion of MRI findings to corroborate the patient's radicular complaints. Furthermore, the current request is for a series of 3 injections, and MTUS does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. Recommendation is no more than 2 ESI injections. Therefore, the request IS NOT medically necessary.