

<b>Case Number:</b>	CM15-0181839		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	12/02/2002
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 58 year old male, who sustained an industrial-work injury on 12-2-02. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc degeneration, chronic pain, failed back surgery, lumbar post laminectomy syndrome, lumbar radiculopathy, and status post lumbar fusion. Medical records dated 8-3-15 indicate that the injured worker complains of low back pain that radiates down the bilateral lower extremities and aggravated by activity and walking. The pain is rated 9 out of 10 on the pain scale on average with medication and 10 out of 10 without medications. The injured worker reports that the pain has worsened since the last visit. Per the treating physician report dated 8-3-15 the injured worker has not returned to work. The physical exam dated 8-3-15 reveals that the lumbar exam shows tenderness to palpation at the L4-S1 levels and the range of motion of the lumbar spine was moderately limited secondary to pain. Treatment to date has included pain medication including Lyrica, Zolpidem, and Norco, diagnostics, off of work, activity modifications, physical therapy (unknown amount), cervical epidural steroid injection (ESI) 2-20-15 with greater than 80 percent relief, and other modalities. The physician indicates that the Magnetic resonance imaging (MRI) of the lumbar spine dated 10-7-14 reveals narrowing of the lumbar spinal canal and right sided laminectomy changes at L4-5 with persistent tightening of the right lateral recess and right neural foramen and left sided narrowing. The requested service included One (1) diagnostic left L4-L5, L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance. The original Utilization review dated 8-24-15 non-certified the request for One (1) diagnostic left L4-L5, L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) diagnostic left L4-L5, L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.rxlist.com](http://www.rxlist.com), Official Disability Guidelines (ODG), [www.online.epocrates.com](http://www.online.epocrates.com), [www.empr.com](http://www.empr.com) and [www.agencymeddirectors.com](http://www.agencymeddirectors.com).

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend nerve root block as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any radicular findings, neurological deficits or remarkable correlating diagnostics to support the nerve blocks. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The One (1) diagnostic left L4-L5, L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance is not medically necessary and appropriate.