

<b>Case Number:</b>	CM15-0184934		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	04/16/2014
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Preventive Medicine, Occupational 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:

This is a 55 year old female with a date of injury on 4-16-14. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back pain. On 3-9-15 she reports that the right L4-5 epidural steroid injection done in November gave her complete relief in her symptoms. Progress report dated 8-17-15 reports continued right lower limb radicular symptoms with worsening symptoms in the lower lumbar region extending to the left side. Transdermal anti-inflammatory cream gives her partial relief. Her right knee pain makes her unable to complete her home exercises for her back. Upon exam, she has limited range of motion. MRI of lumbar spine done on 9-23-14 revealed multilevel degenerative disc disease of the lumbar spine with borderline central spinal canal stenosis at L4-5 and multilevel variable foraminal stenosis mild to moderate on the right at L4-5. Request for authorization was made for bilateral L4-L5 transforaminal epidural injection under fluoroscopic guidance. Utilization review dated 8-29-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-L5 transforaminal epidural injection under fluoroscopic guidance:** 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:** Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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, with a general recommendation of no more than 4 blocks per region per year. 8) No more than 2 ESI injections. In this case, the injured worker reports lumbar radiculopathy, although the documented objective examination does not support this diagnosis. She has received 2 previous ESIs, one in November, 2014 that provided reported complete pain relief for 3 months. Her second ESI was administered in June 2015 with no reported pain relief or increase in function, therefore, the request for bilateral L4-L5 transforaminal epidural injection under fluoroscopic guidance is not medically necessary.