

<b>Case Number:</b>	CM15-0192116		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	04/14/2014
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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 68-year-old male who sustained an industrial injury 4-14-2014. Diagnoses have included lumbar axial pain, multilevel lumbar disc protrusion, bilateral lumbar radiculitis, and central canal and foraminal narrowing at L4-5 and L5-S1. A diagnostic MRI was dated 11-7-2014. Documented treatment includes physical therapy, home exercise and medication, but on 8-24-2015, the injured worker continued to report low back pain with extension into the bilateral gluteus and knees. The pain was characterized as sharp and stabbing, and worsened with prolonged positioning. Gabapentin was being used but the injured worker reported it was not effective and there were unwanted side effects. He had also been using an anti-inflammatory cream. His examination on 8-24-2015 revealed active range of motion with 30 degrees of forward flexion, 10 degrees of extension and lateral flexion to either side. There was a positive straight leg test bilaterally. Sensory examination was noted as intact and symmetric. The physician reported that he has not responded to conservative care, and the plan of care includes bilateral L4-5 and L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance. This was denied on 9-2-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5 and L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance:** Upheld

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

**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 ESI 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 correlating neurological deficits to support the epidural injections. Clinical findings indicate limited range and pain with spasm; however, without any specific correlating myotomal/ dermatomal motor or sensory deficits. Epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The Bilateral L4-5 and L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance is not medically necessary and appropriate.