MAXIMUS Federal Services

| Case Number: | CM15-0196735 | | |
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| Date Assigned: | 10/12/2015 | Date of Injury: | 10/06/2014 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 09/25/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

## 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 41 year old male who sustained an industrial injury October 6, 2014. According to a primary treating physician's interventional pain management follow-up evaluation report dated August 25, 2015, the injured worker presented with complaints of low back pain rated 5 out of 10 with weakness, numbness and tingling down the bilateral lower extremities. Physical examination revealed 5'10" and 195 pounds; gait grossly within normal limits with low back pain, heel toe walk performed without difficulty; lumbar spine; tenderness to palpation with spasm over the paravertebral musculature, piriformis tenderness test positive right negative left, sacroiliac tenderness, Fabere's-Patrick, and sacroiliac thrust tests are all positive right and left, Yeoman's test negative right and left; Kemp's test positive right and left; seated straight leg raise at 20 degrees right and left and supine straight leg raise at 60 degrees right and left; Farfan test positive right and left; pain present in all ranges of motion; sensation is decreased as to pain, temperature, light touch, vibration, and two-point discrimination in the bilateral L3, L4, and L5 dermatomes. The physician referred to an MRI of the lumbar spine dated November 15, 2014, which showed at L3-4 a diffuse disc bulge with superimposed disc extrusion with inferior migration measuring approximately 9 mm, 20 mm in traverse dimension, and 19 mm in superior and inferior dimension with hyperintense signal in the extruded disc component consistent with annular fissure. Diagnoses are lumbar spine discopathy; lumbar spine radiculopathy; lumbar spine facet syndrome. At issue, is the request for authorization dated August 25, 2015 for bilateral L3-4 and L4-5 transforaminal epidural steroid injections. According to utilization review dated September 25, 2015, the prospective request for (1) follow- up office visit is certified. The request for (1) bilateral L3-L4 and L5 transforaminal epidural steroid injections were non-certified

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One bilateral L3-L4 and L4-L5 transforaminal epidural steroid injections:** 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 specific neurological deficits with diffuse weakness and decreased sensation from pain or remarkable correlating diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, progressive neurological deficit, or red-flag conditions to support for pain procedure. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned. Criteria for the epidurals have not been met or established. The One bilateral L3-L4 and L4-L5 transforaminal epidural steroid injections are not medically necessary or appropriate.