

<b>Case Number:</b>	CM15-0197608		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 40 year old female injured worker suffered an industrial injury on 6-12-2012. The diagnoses included sacroiliitis, failed back surgery syndrome, and lumbar radiculopathy. On 9- 17-2015 the treating provider reported chronic intractable low back pain. On exam the pain level was 7 out of 10 and sometimes higher at 9 out of 10. She noted the legs have a lot of pain radiating from the back all the way down the legs into the feet with tenderness to L1-L4. The provider noted she had failed medication, ice, rest and heat. She also described the pain as burning, numbness and tingling, left greater than right. Prior treatment included Iontophoresis x 2, Flexeril, Toradol injection, Oxycodone and Percocet. The Utilization Review on 10-2-2015 determined non-certification for Transforaminal lumbar epidural levels L1-2, L2-3, L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal lumbar epidural levels L1-2, L2-3, L4-5: 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:** The patient was injured on 06/12/12 and presents with low back pain. The request is for a TRANSFORAMINAL LUMBAR EPIDURAL LEVELS L1-2, L2-3, L4-5. The RFA is dated 09/28/15 and the patient's current work status is not provided. There is no indication of any prior epidural steroid injections the patient may have had to the lumbar spine. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 46, Epidural Steroid Injections (ESIs) section states: "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 a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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." The patient has pain radiating from the back all the way down the legs into the feet and tenderness to palpation over L1-L4. She is diagnosed with sacroiliitis, failed back surgery syndrome, and lumbar radiculopathy. Treatment to date includes medication, ice, rest, and heat. In this case, although the patient appears to present with radicular symptoms, there are no corroborating imaging studies showing a potential nerve root lesion to consider an ESI. Furthermore, the request is for an ESI at L1-2, L2-3, and L4-5, which is not supported by MTUS guidelines, as MTUS supports no more than 2 levels TF ESI. The requested lumbar epidural steroid injection IS NOT medically necessary.