

<b>Case Number:</b>	CM15-0205022		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 was a 49 year old female, who sustained an industrial injury, October 24, 2011. The injured worker was undergoing treatment for low back pain. According to progress note of September 21, 2015, the injured worker's chief complaint was low back pain. The pain was described as constant, radiation down into the left leg with numbness and tingling. The orthopedic physician suggested an epidural. The physical exam was not submitted with the documentation provided. The injured worker previously received the following treatments lumbar spine MRI showed a 4mm herniation at L5-S1, physical therapy and anti-inflammatory medications. The RFA (request for authorization) dated the following treatments were requested a left L5-S1 transforaminal epidural injections with intravenous sedation. The UR (utilization review board) denied certification on September 30, 2015; for a left L5-S1 transforaminal epidural injection with intravenous sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L5-S1 Transforaminal Epidural Injection, Intravenous Sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, ESI.

**Decision rationale:** The injured worker was undergoing treatment for low back pain. According to progress note of September 21, 2015, the injured worker's chief complaint was low back pain. The pain was described as constant, radiation down into the left leg with numbness and tingling. The orthopedic physician suggested an epidural. The physical exam was not submitted with the documentation provided. The injured worker previously received the following treatments lumbar spine MRI showed a 4mm herniation at L5-S1, physical therapy and anti-inflammatory medications. ODG guidelines support ESI when: (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. Current research does not support a routine use of a "series-of-three" injections in either the diagnostic or therapeutic phase. The medical records do not indicate physical findings consistent with radiculopathy. As such the medical records do not support the use of ESI congruent with ODG guidelines. The request is not medically necessary.