

Case Number:	CM15-0206318		
Date Assigned:	10/23/2015	Date of Injury:	10/03/2012
Decision Date:	12/08/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/20/2015

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: Emergency 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:

The injured worker is a 59 year old male who sustained an industrial injury on 10-03-2012. Medical records indicated the worker was treated for a back injury. A lumbar epidural injection in March 2013 was reported to give no pain relief. A L4-L5 epidural steroid injection under fluoroscopic guidance and a lumbar Epidurogram administered (01-27-2014) were reported to have given "significant pain relief for approximately 3 months". A MRI scan on 05-01-2014 demonstrated only mild central canal and bilateral foraminal narrowing at L4-5 with mild bilateral foraminal narrowing at L5-S1 secondary to facet hypertrophy as well as mild bilateral foraminal narrowing at L3-4 secondary to the mild broad-based disc bulge. In the provider notes of 06-22-2015, the worker is seen for chronic low back and leg pains associated with numbness and tingling in the legs. The worker describes the pain as level 8 on a scale of 0-10 most of the time with flare-ups reading a level 9 on a scale of 0-10. The pain increases toward the end of the day and interferes with sleep. He has difficulty with sexual activity due to lumbar spasm. There is pain radiating to the right leg with tingling and numbness and weakness. On examination there was a normal gait. The worker can walk on heels and toes with difficulty. In examination of the lumbar spine, there is straightening of the lumbar lordosis. On palpation, there is severe guarding over the lumbar area associated with severe myofascial pain and guarding. There is lumbar pain and severe spasm with range of motion. He has progressive weakness as well as radiculopathy to the right leg at L4-L5 dermatomes. Range of motion of the lumbar spine is diminished in all planes. Straight leg raising tests are severely positive in both the seated and supine positions. Sensation is intact to light touch pinprick in the lower extremities. A request

for authorization was submitted for Right transforaminal epidural steroid injection at L4-5 under fluoroscopy. A utilization review decision 09-22-2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

below: **Right transforaminal epidural steroid injection at L4-5 under fluoroscopy:** Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI. There is no long-term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is only vague documentation of prior conservative therapy attempts. Patient has stable chronic pain. There is no change in pain or documentation of any recent conservative treatment. Fails criteria. 3) Patient had a reported LESI in the past. MTUS guidelines recommend during therapeutic phase that after 1st injection, pain relief of over 50% should last for up to 6-8weeks. There is no documentation of any improvement with prior reported LESI. Fails criteria. 4) Radiculopathy as defined by MTUS guidelines. Documentation fails to document appropriate neurological findings supported by imaging and electrodiagnostic criteria for radiculopathy. While patient has pain and some dermatomal decreased sensation only. It appears provider is unsure of the source of patient's pain and is also requested SI joint injections as well. There is no supporting electrodiagnostics that support radiculopathy. Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.