

<b>Case Number:</b>	CM15-0206328		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	01/14/2014
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 28-year-old male with a date of industrial injury 1-14-2014. The medical records indicated the injured worker (IW) was treated for lumbar spine radiculitis. In the progress notes (8-4-15, 8-27-15), the IW reported lower back pain with weakness in the back and lower extremities. He also complained of discomfort in the right side of the mid back and lower back with radiation predominantly into the right lower extremity. His pain was 6 out of 10. On examination (8-27-15 notes), range of motion of the lumbar spine was guarded and mild tenderness was present in the paravertebral musculature. Straight leg raise was positive at about 60 degrees on the right and negative on the left. There was some weakness with heel-toe walking. Deep tendon reflexes were somewhat diminished in the right Achilles. Sensation was decreased in the L5 dermatome. Treatments included current medications, Tylenol #3 and Ibuprofen, which were helpful; physical therapy, chiropractic care and acupuncture, without long-term relief; translaminar epidural steroid injection at L4-5 (2-2015), with "minimal efficacy"; and home exercise program, which was helpful. Generally, the thoracic MRI results (11-12-14) showed disc space narrowing from T5 to T9 and the lumbar MRI (9-4-15) showed disc protrusions at L4-5 and L5-S1 without canal stenosis or neural foraminal narrowing. Electrodiagnostic testing of the bilateral lower extremities on 7-24-15 was normal. The IW was temporarily totally disabled. A Request for Authorization was received for a right L4-5 transforaminal injection and epidurography, radiological supervision and interpretation. The Utilization Review on 9-28-15 non-certified the request for a right L4-5 transforaminal injection and epidurography, radiological supervision and interpretation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-L5 transforaminal injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

**Decision rationale:** This patient receives treatment for low back pain with some symptoms in the right lower extremity. This relates back to an industrial injury dated 01/14/2014. On exam, there was tenderness on palpation on the paralumbar muscles. The neurologic exam was negative. The patient has received chiropractic, physical therapy, and acupuncture. In 2/2015, the patient had an epidural steroid injection at L4-L5 with "minimal efficacy." A lumbar MRI shows some disc bulging. Electrodiagnostic testing is normal. This review addresses a request for an L4-L5 transforaminal injection. An epidural steroid injection may be medically indicated for true radiculopathy as demonstrated on physical exam, radiologic imaging and electrodiagnostic testing. The patient's physical exam, MR imaging, and diagnostic testing do not demonstrate evidence of a lumbar neuropathy. Additionally, the first injection did not bring relief. The transforaminal injection is not medically necessary in light of these negative findings.

**Epidurography, radiological supervision and interpretation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

**Decision rationale:** This patient receives treatment for low back pain with some symptoms in the right lower extremity. This relates back to an industrial injury dated 01/14/2014. On exam, there was tenderness on palpation on the paralumbar muscles. The neurologic exam was negative. The patient has received chiropractic, physical therapy, and acupuncture. In 2/2015, the patient had an epidural steroid injection at L4-L5 with "minimal efficacy." A lumbar MRI shows some disc bulging. Electrodiagnostic testing is normal. This review addresses a request for epidurography. Epidurography is requested as a separate radiologic procedure; however, there is no medical basis for doing so. This test does not add useful clinical information either for diagnostic or therapeutic purposes. The patient's first lumbar injection did not produce a significant clinical benefit and the patient's physical findings, MR imaging findings and electrodiagnostic results do not support the diagnosis of a radiculopathy. An epidurography is not medically necessary.

