

<b>Case Number:</b>	CM15-0209311		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	03/13/2012
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 52-year-old male, who sustained an industrial injury on 3-13-2012. The injured worker is undergoing treatment for chronic lumbar radiculopathy. Medical records dated 9-1-2015 and 10-7-2015 indicate the injured worker complains of low back and leg pain. He reports greater than 75% decrease in pain lasting about 1 week after epidural steroid injection. Physical exam dated 10-7-2015 notes antalgic gait with use of a cane for ambulation. There is lumbosacral paraspinous tenderness to palpation on the left, positive straight leg raise on the left and painful decreased lumbar range of motion (ROM). Treatment to date has included biofeedback, physical therapy, chiropractic treatment, acupuncture, epidural steroid injection, magnetic resonance imaging (MRI), medication and alteration of activity. The original utilization review dated 10-15-2015 indicates the request for lumbar transforaminal epidural steroid injection L4-L5 and lumbar transforaminal epidural steroid injection L5-S1 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal lumbar epidural steroid injection left L4-L5 with fluoroscopy and anesthesia:** 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 claimant sustained a work injury in March 2012 when he was struck on the back by a tree branch as a truck was being backed up. He is being treated for low back and lower extremity pain. An MRI of the lumbar spine in January 2015 included findings of multilevel disc dehydration and desiccation with multilevel foraminal narrowing ranging from mild to severe with right lateralization at L5/S1. Electrodiagnostic testing in February 2015 was negative. When seen in October 2015 there had been a 75% decrease in pain lasting for about one week after a recent epidural injection. He was having left low back and left gluteal pain with radiating symptoms into the leg. He was having difficulty with activities of daily living. Physical examination findings included a body mass index of 30. He had a stooped posture and was ambulating with an antalgic gait with use of a cane. There was left lumbar paraspinal tenderness. He had pain with lumbar extension, which was limited secondary to pain. Left straight leg raising was positive. Authorization for a repeat epidural injection was requested. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, when the request was made, there were no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy. The right lateralized MRI findings do not correlate with his left lower extremity radicular symptoms. The requested epidural steroid injection at L4-L5 is not considered medically necessary.

**Transforaminal lumbar epidural steroid injection left L5-S1 with fluoroscopy and anesthesia:** 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 claimant sustained a work injury in March 2012 when he was struck on the back by a tree branch as a truck was being backed up. He is being treated for low back and lower extremity pain. An MRI of the lumbar spine in January 2015 included findings of multilevel disc dehydration and desiccation with multilevel foraminal narrowing ranging from mild to severe with right lateralization at L5/S1. Electrodiagnostic testing in February 2015 was negative. When seen in October 2015 there had been a 75% decrease in pain lasting for about one week after a recent epidural injection. He was having left low back and left gluteal pain with radiating symptoms into the leg. He was having difficulty with activities of daily living. Physical examination findings included a body mass index of 30. He had a stooped posture and was ambulating with an antalgic gait with use of a cane. There was left lumbar paraspinal

tenderness. He had pain with lumbar extension, which was limited secondary to pain. Left straight leg raising was positive. Authorization for a repeat epidural injection was requested. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, when the request was made, there were no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy. The right lateralized MRI findings do not correlate with his left lower extremity radicular symptoms. The requested epidural steroid injection at L5-S1 is not considered medically necessary.