

<b>Case Number:</b>	CM15-0218320		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	04/03/2014
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: Texas, 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 23 year old male patient, who sustained an industrial injury on 4-3-2014. The diagnosis includes lumbar facet syndrome. According to the progress report dated 10-27-2015, he rated his pain 4 out of 10 with medications and 7 out of 10 without. According to the progress report dated 9-24-2015, he had complaints of low back pain with radiation down the left leg. On a subjective pain scale, he rated his pain 4 out of 10 with medications and 7 out of 10 without. The physical examination of the lumbar spine revealed tenderness to palpation with spasm over the bilateral paravertebral muscles, restricted range of motion, positive facet loading, bilaterally, and diminished sensation to light touch in the left anterior thigh; negative straight leg raising test. The current medications are Ibuprofen and Norco. He had electrodiagnostic testing in 5/2014, which revealed denervation at S1 level and MRI of the lumbar spine dated 9-24-2015, which revealed mild L5-S1 degeneration with 1 millimeter bulge, transitional first sacral segment with right-sided pseudo-sacralization. He has undergone ORIF of the left comminuted distal radius fracture on 4/10/14; hardware removal surgery on 10/6/14; ORIF of facial fracture in 4/2014; abdomen surgery. Treatments to date include medication management. Work status is described as permanent and stationary. The original utilization review (10-5-2015) had non-certified a request for transforaminal lumbar epidural injection at L3-L4 left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Transforaminal lumbar epidural injection at L3-L4 left: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." Unequivocal evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing is not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Failure to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The request for Transforaminal lumbar epidural injection at L3-L4 left is not medically necessary.