MAXIMUS Federal Services

| Case Number: | CM15-0031531 | | |
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| Date Assigned: | 02/24/2015 | Date of Injury: | 04/10/2012 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 02/10/2015 |
| Priority: | Standard | Application Received: | 02/19/2015 |

## 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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 40-year-old male, who sustained an industrial injury on 4/10/12. He has reported bilateral elbow, bilateral elbows and back. The diagnoses have included left lumbar radiculopathy, lumbar facet arthropathy, lumbar myofascial strain, lumbago, chronic pain and microlumbar decompression left L5-S1. Treatment to date has included physical therapy, transforaminal epidural injection, spinal fusion, microlumbar decompression left L5-S1 and oral medications. (EMG) Electromyogram of lower bilateral extremities performed on 7/1/14 revealed evidence of right peroneal neuropathy and no evidence of focal nerve entrapment or lumbar radiculopathy. Currently, the injured worker complains of throbbing pain and headaches, stabbing and cramping pain in low back and increased numbness at left buttocks. On physical exam, dated 11/21/14 tenderness is noted on palpation to lumbar spine and ambulation with a cane is noted. On 2/10/15 Utilization Review non-certified Left L5 and S1 epidural steroid injection, noting without an updated (MRI) magnetic resonance imaging of lumbar spine (following lumbar fusion) the steroid injection would not be medically indicated. The MTUS, ACOEM Guidelines, was cited. On 2/18/15, the injured worker submitted an application for IMR for review of Left L5 and S1 epidural steroid injection.

## 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 (TFLESI):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of Epidural Steroid Injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** This patient presents with constant low back pain that radiates down his lower left extremity down to his ankle with numbness in his left foot. The current request is for transforaminal lumbar epidural steroid injection (TFLESI). The medical file does not include a Request for Authorization RFA form. Progress report dated 12/5/14 states that this is a request for Left L5 and SI TF ESI. The MTUS Guidelines has the following regarding epidural steroid injection under its chronic pain section pages 46 and 47, "Recommended as an option for treatment for radicular pain (defined as pain in the dermatomal distribution with corroborated findings of radiculopathy)." EMG of the lower extremity performed on 7/1/14 revealed bilateral S1 nerve involvement without evidence of radiculopathy or generalized peripheral neuropathy. MRI of the lumbar spine dated 5/2014 revealed "L5-S1 bulge osteophyte complex with broad right protrusion resulting in mild central canal and at least moderate bilateral lateral recess narrowing." This patient is status post L5 and S1 partial laminectomy and bilateral posterior spine fusion on 7/22/14. The patient presents with radicular symptoms and decreased strength and weakness in the lower extremities, however, there is no recent MRI of the lumbar spine following the L5-S1 fusion to corroborate the patient's lower extremity complaints. MTUS states that corroborated findings of radiculopathy must be present to consider epidural steroid injection. This request is not medically necessary.