

<b>Case Number:</b>	CM15-0041273		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	03/06/2006
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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, Hawaii  
 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 62 year old female, who sustained an industrial injury on 3/6/2006. The current diagnoses are lumbosacral spondylosis without myelopathy, thoracic/lumbosacral radiculitis, low back pain syndrome, opioid dependence, and post lumbar laminectomy syndrome. According to the progress report dated 2/17/2015, the injured worker complains of increased low pain with radiation down right lower extremity. The current medications are Flexeril, Ultram, Butrans, Trazadone, and Gralise ER. Treatment to date has included medications, MRI/CT of the lumbar spine, physical therapy, chiropractic, epidural steroid injection, and surgery. The current plan of care includes transforaminal lumbar epidural injection, right L3-L4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Lumbar Epidural Injection, right L3-L4, per 02/18/15 order QTY: 1.00:**  
 Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The patient presents with pain affecting the low back with radiation down right lower extremity. The current request is for Transforaminal lumbar epidural injection, right L3-L4, per 02/18/15 order quantity: 1.00. The treating physician report dated 2/17/15 (24B) states; patient is in the office today for increased back pain radiating from low back to anterior thigh and medial knee low back down right leg. The report goes on to state spinous process tenderness is noted on L4 and L5. Lumbar facet loading is positive on both sides. Straight leg raising test is positive on the left side in sitting at 45 degrees. MTUS Guidelines do recommended ESIs as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. An MRI dated 9/22/11 shows a Progression of changes at multiple levels resulting in neural foraminal stenosis more-so towards the right; this is most notable at L3-L4 Levoconvex scoliosis of the lower lumbar spine was also noted. The medical reports provided do not show that the patient has received a previous lumbar epidural steroid injection. In this case, the patient presents with low back pain that is radiating to the anterior thigh, medial knee and right leg. Furthermore, the findings of radiculopathy are corroborated by an MRI dated 9/22/11. The current request satisfies the MTUS guidelines as outlined on page 46 as there is documentation of radiculopathy which is further corroborated by imaging studies. Therefore this request is medically necessary.