

<b>Case Number:</b>	CM15-0046134		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	03/14/2006
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 (IW) is a 60 year old male, who sustained an industrial injury on 3/14/2006. He has reported a fall from a ladder with a low back injury. The diagnoses have included spinal lumbar degenerative disc disease and post lumbar laminectomy syndrome. Treatment to date has included multiple surgical interventions, dates and specifics were not submitted for this review. Currently, the IW complains of chronic progressive pain in the neck, upper, mid and low back pain with radiation to lower extremities associated with numbness. The physical examination from 10/23/14 documented decreased sensation in bilateral lateral calf. The provider documented inability to take oral medication due to liver disease and was on a transplant list. The plan of care included transforaminal lumbar epidural steroid injection (TEFSI) right L4-5 and L5-S1 secondary to low oral medication tolerance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal lumbar epidural injection on L4-L5, L5-S1 R. with [REDACTED]:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: Epidural steroid injections (ESIs), therapeutic.

**Decision rationale:** Based on the 10/23/14 progress report provided by treating physician, the patient presents with pain to lower back, left thigh and left calf. Per treater report dated 04/03/14, patient's low back pain occasionally radiates down bilateral lower extremities. The request is for TRANSFORAMINAL LUMBAR EPIDURAL INJECTION ON L4-L5, L5-S1 R. WITH [REDACTED] Patient is status post lumbar laminectomy, date unspecified. Patient's diagnosis per Request for Authorization Form dated 11/13/14 includes post lumbar laminectomy syndrome spinal, lumbar degenerative disc disease, mood disorder, and sacroiliac pain. Physical examination to the lumbar spine on 10/23/14 revealed tenderness to bilateral paraspinal muscles. Patient medications include Lidoderm patch, Oxycontin and Zanaflex. Per treater report dated 04/03/14, the patient "received several lumbar epidural steroid injections (LESIs) which provided mild pain relief. The patient underwent surgery to his low back" and has completed functional restoration program. The patient is permanent and stationary, per treater report dated 10/23/14. MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections" For repeat ESI, MTUS states, "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Epidural steroid injections (ESIs), therapeutic: With discectomy: Epidural steroid administration during lumbar discectomy may reduce early neurologic impairment, pain, and convalescence and enhance recovery without increasing risks of complications. (Rasmussen, 2008) Not recommended post-op. The evidence for ESI for post lumbar surgery syndrome is poor. (Manchikanti, 2012)" Per progress report dated 10/23/14, treater states "will request TEFSI as therapeutic modality as [the patient] is unable to use oral medications." The patient presents with low back pain and occasional radicular symptoms to both legs. Sensory examination on 10/23/14 revealed decreased light touch sensation over the lateral calf on both sides. No imaging studies were discussed in medical records. MTUS requires corroboration of findings with imaging studies that supports a diagnosis of radiculopathy, which was not provided. Furthermore, per treater report dated 04/03/14, the patient "received several lumbar epidural steroid injections (LESIs) which provided mild pain relief." MTUS states "repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use." Moreover, the patient is status post lumbar laminectomy, date unspecified. ODG does not recommend postoperative lumbar ESI. The request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.