

<b>Case Number:</b>	CM15-0051621		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	11/18/2009
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 53 year old male, who sustained an industrial injury on 11/18/2009. He reported a left knee injury. The mechanism of injury was not provided for review. The injured worker was diagnosed as status post left knee arthroscopy, piriformis syndrome, left knee sprain, lumbar sprain/strain and lumbar radiculopathy. There is no record of a recent diagnostic study. Treatment to date has included surgery, lumbar epidural steroid injection, steroid injections, physical therapy, acupuncture and medication management. In a progress note dated 2/11/2015, the injured worker complains of low back pain with right leg numbness and tingling. The treating physician is requesting transforaminal epidural steroid injection at bilateral lumbar 5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ext-transforaminal epidural steroid injection at bilateral L5:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guideline- low back, ESI.

**Decision rationale:** The medical records provided for review do not document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection or demonstrate corroboration by imaging or nerve study. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such the medical records do not support the use of ESI congruent with ODG guidelines. The request is not medically necessary.