

<b>Case Number:</b>	CM15-0056281		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	03/26/2009
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Orthopedic Surgery

### 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 55 year old male, who sustained an industrial injury on March 26, 2009. The injured worker was diagnosed as having lumbago, thoracic or lumbosacral neuritis or radiculitis not specified, pain in joint, disc disorder lumbar, lumbar facet syndrome, cervical disc degeneration, and brachial neuritis or radiculitis not otherwise specified. Treatment to date has included MRI, physical therapy, epidural steroid injections, home exercise program, ice/heat, transcutaneous electrical nerve stimulation (TENS) unit daily, and medications including topical and oral pain. On July 11, 2014, he underwent bilateral lumbar 4-lumbar 5 transforaminal epidural steroid injection. On February 11, 2015, the injured worker complains of burning, sharp lower back pain with the returning of the burning sensation down the bilateral legs. Associated symptoms include nausea, constipation, muscle spasms, numbness, tingling, and weakness. His medication reduces his pain level and improves his function. The physical exam revealed a normal gait, decreased lumbar range of motion due to pain, spasm and tenderness of the paravertebral muscles bilaterally, positive Gaenslen's, positive left supine and sitting straight leg raises, slightly decreased sensation at the left lumbar 5, and equal and symmetric reflexes in the lower extremities. The treatment plan includes a lumbar epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal lumbar epidural injection to L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case the exam note from 2/11/15 does not demonstrate true functional improvement in terms of medication reduction or objective improvement to warrant a repeat injection. Therefore the request is not medically necessary.