

<b>Case Number:</b>	CM15-0057605		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 44 year old female who sustained a work related injury December 3, 2013. While laying pieces of plastic on top of layers of cheese; she felt a severe burning pain in the lower back into the right buttock. Past history included left ACL (anterior cruciate ligament) reconstruction surgery, December, 2012, lap band surgery January, 2013. According to primary treating physician's office visit, dated February 17, 2015, the injured worker presented with back pain, rated 8/10. There is also pain in the right buttock, right thigh, right leg, and right foot. The pain is described as ongoing, with episodes occurring all day. Objective findings include decreased range of motion to the lumbar spine and bilateral facet loading signs and bilateral paraspinous muscle spasms. Diagnoses included lumbar disc disorder; lumbago; lumbar radiculopathy. Treatment plan included refill current medications with discussion of medications risk, benefits, and the narcotic agreement, and requests for authorization of left transforaminal epidural steroid injection L3-4, L4-5, L5-S1 and an MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal epidural steroid injection with fluoroscopy at right L3-L4, L4-L5, and L5-S1: Upheld**

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

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

**Decision rationale:** The patient presents with back pain. The patient also complained of "right buttock, right thigh, right leg and right foot." The current request is for transforaminal epidural steroid injection with fluoroscopy at right L3-4, L4-5, and L5-S1. The treating physician states that the pain was described as throbbing, aching, constant, sharp, shooting, hot, tingling and numbness. The MTUS guidelines list criteria for the use of epidural steroid injections. One criterion is, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Another criterion is, "No more than two nerve root levels should be injected using transforaminal blocks." In this case, the treating physician has not documented radiculopathy in this patient. There is no documentation of MRI being performed and available for review. Furthermore, the request is for injection of three nerve root levels, which is outside of MTUS guidelines of no more than two nerve root levels. The current request is not medically necessary and the recommendation is for denial.