

<b>Case Number:</b>	CM15-0081075		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	07/01/1997
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 63-year-old male, who sustained an industrial injury on 7/1/1997. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar disc displacement and lumbar radiculopathy. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, epidural steroid injection, TENS (transcutaneous electrical nerve stimulation) and medication management. In a progress note dated 1/2/2015, the injured worker complains of low back pain. The treating physician is requesting bilateral L5 transforaminal injection with waking sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral bilateral L5 transforaminal injection with waking sedation:** Upheld

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

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

**Decision rationale:** ESIs are recommended by the CA MTUS as an option for the treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. Most current guidelines recommend no more than 2 ESI injections. ESI can offer short-term pain relief in conjunction with other rehab programs, including home exercise. There is little information on improved function. This patient is status post L5 transforaminal epidural injections on 1/6/2015. He stated that these injections were "not helpful, but helped for a short period of time." Guideline criteria include documentation of radiculopathy on physical examination supported with imaging studies and/or electrodiagnostic testing, failed response to conservative therapy and no more than 2 epidural injections. Repeat blocks are justified if greater than 50% pain relief results or a decrease in the use of pain medications over 6-8 weeks. On a visit of 3/23/15, the claimant noted overall increase in pain. The documentation does not reveal 50% or greater pain relief with prior ESI. Medication usage did not decrease. Examination findings and studies do not support the diagnosis of radiculopathy, therefore this request is deemed not medically necessary.