

<b>Case Number:</b>	CM15-0082938		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 42 year old female, who sustained an industrial injury on 8/4/11. She reported a low back injury. The injured worker was diagnosed as having degenerative lumbar disc disease, sciatica, sacrum disorders and lumbar sprain/strain. Treatment to date has included physical therapy, 6 chiropractic treatments, acupuncture treatment, aquatic therapy and oral medications including Cymbalta, Nabumetone and Pantoprazole. (MRI) magnetic resonance imaging of lumbar spine was performed on 8/12/14 and revealed a minor annular bulge. Currently, the injured worker complains of low back pain with radiation to bilateral legs rated 5- 8/10 and is increased with prolong sitting, standing, bending at waist and light lifting. The injured worker noted medications are helpful in reducing her pain and improving her function. It is also noted she has failed conservative treatment. Physical exam noted tenderness in lower lumbar paraspinal muscles at L4-S1, positive straight leg raising bilaterally and antalgic gait. A request for authorization was submitted for bilateral transforaminal lumbar epidural steroidal injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5 transforaminal lumbar epidural steroid injection, lumbar epidurogram, IV sedation with fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - 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. The MRI report notes annular bulge and does not demonstrate corroboration of physical exam symptoms of radiculopathy. 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. Therefore, the request is not medically necessary.