

<b>Case Number:</b>	CM15-0085563		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	04/09/1996
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: 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 56 year old female, who sustained an industrial injury on 04/09/1996. The injured worker is currently diagnosed as having lumbar post laminectomy syndrome, lower chronic regional pain syndrome, anxiety, cervicgia, chronic pain syndrome, and lumbar radiculopathy. Treatment and diagnostics to date has included lumbar spine MRI, injections, and medications. In a progress note dated 04/17/2015, the injured worker presented with complaints of low back pain radiating down her left leg to her foot. Objective findings include loss of lumbar lordosis, antalgic gait, decreased range of motion to spine, and tenderness over lumbar Paraspinous muscles and spinous processes. The treating physician reported requesting authorization for lumbar transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Lumbar, L3-L4, (TESI) Transforaminal Epidural Steroid Injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steroid injections, page 46.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for the epidurals have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the repeat epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. Although the provider reported improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without specific decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic injury. Criteria for repeating the epidurals have not been met or established. The Left Lumbar, L3-L4, Transforaminal Epidural Steroid Injection is not medically necessary and appropriate.