

<b>Case Number:</b>	CM15-0245983		
<b>Date Assigned:</b>	12/28/2015	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	01/29/2016	<b>UR Denial Date:</b>	11/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2015

### 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: 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 64 year old female who sustained an industrial injury on 7-26-2013. The injured worker was diagnosed as having lumbar disc degeneration, lumbar disc displacement, lumbar radiculopathy, and lumbar spinal stenosis. Treatment to date has included physiotherapy and medications. On 10-26-2015, the injured worker complains of low back pain with radiation down the left lower extremity, accompanied by numbness, tingling, and muscle weakness in the left lower extremity. Pain was rated 6 out of 10 with medications and 8 without (rated 1 with medication and 8 without on 9-14-2015). She reported ongoing activities of daily living limitations in self-care and hygiene, activity, and sex. Exam of the lumbar spine noted tenderness to palpation in the bilateral paravertebral area L4-S1 and in the spinal vertebral area L4-S1, increased pain with flexion and extension, decreased sensation along the left L4-S1 dermatome, decreased strength of the extensor muscles along the left L4-S1 dermatome, and positive left straight leg raise. She was currently not working. Medication use included Advil and Aleve. Diagnostics regarding the lumbar spine and/ or lower extremities, if any, were not submitted. On 11-13-2015 Utilization Review non-certified a request for left L4-S1 transforaminal epidural under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-S1 transforaminal epidural under fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing, 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants), 3) Injections should be performed using fluoroscopy (live x-ray) for guidance, 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections, 5) No more than two nerve root levels should be injected using transforaminal blocks, 6) No more than one interlaminar level should be injected at one session, 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of back pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy found on exam for the requested level of ESI. Therefore, criteria have not been met and the request is not medically necessary.