

<b>Case Number:</b>	CM14-0148586		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/03/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 years old female with an injury date on 01/03/2011. Based on the 08/05/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar disc disease. 2. Lumbar radiculopathy. 3. Lumbar facet syndrome. According to this report, the injured worker complains of low back pain that is sharp, throbbing, and radiates to the right leg down to the calf. The pain is worsening when sitting, standing or walking for too long. Physical exam reveals diffuse tenderness noted over the lumbar paraspinal musculature. Moderate tenderness noted over the L3-L5 spinous processes. Heel-toe- walk is exacerbated to the left. The injured worker has an antalgic gait to the left. Kemp's test, Farfan test are positive, bilaterally. Muscle testing of the left knee extensor (L4) and hip flexors (L2-L3) is a 4/5. There were no other significant findings noted on this report. The utilization review denied the request on 08/27/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 09/23/2013 to 09/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L3-4 and left L4-5 Transforaminal Epidural Steroid Injections:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46,47.

**Decision rationale:** According to the 08/05/2014 report, this injured worker presents with low back pain that is sharp, throbbing, and radiates to the right leg down to the calf. The treating physician is requesting a repeat left L3-4 and left L4-5 transforaminal epidural steroid injections. Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. "For repeat injections, MTUS requires "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." Review of the reports show that the injured worker has had an ESI approximately two year ago. Prior ESI gives "the patient approximately a year and a half worth of total relief. This included a complete association of her medications and able to walk longer distance and bend and stoop without pain." However, the treater does not provide the MRI nor discuss its findings to support a diagnosis of radiculopathy. Examination findings do not support radiculopathy either with no documentation of SLR's, motor/sensory changes consistent with a specific nerve root dysfunction. No reports following the previous injections are provided to verify that the injured worker indeed experience reduction of pain with functional improvement. The request for Left L3-4 and left L4-5 Transforaminal Epidural Steroid Injections is not medically necessary.