

<b>Case Number:</b>	CM14-0159519		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Occupational Medicine, 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 claimant injured her low back on 12/09/13. An L4-L5 epidural steroid injection with fluoroscopy is under review. The claimant was pushed against a door and her back struck a metal bar. MRI of the lumbar spine was done on 01/31/14 and revealed minimal grade 1 spondylolisthesis. There was some narrowing of the facet joints. No nerve root compression as described. On 07/15/14, she had tenderness of the para-axial musculature with spasticity. There was mildly decreased range of motion and sensation on the left was decreased to light touch and pinprick at L4-S1. Strength was intact. DTRs were intact. She was diagnosed with a lumbar sprain and clinical left lower extremity radiculopathy with left sacroiliitis. She was given medications. On 08/29/14, she had an initial pain medicine evaluation. She complained of low back pain radiating down the left lower extremity and it radiated to the thigh, calf and toes primarily on the left. She had intermittent numbness of the left lower extremity to the foot with some tingling. She had occasional muscle spasms. Medication improved her pain and without medication her pain was 5/10 and with it her pain was 3/10. It also was improved by bed rest and relaxing. Therapy was of limited benefit. Acupuncture was of temporary benefit and TENS was helpful. Physical examination of the low back revealed tenderness with spasticity and referred pain to left buttock and lower extremity. Sensory exam was normal. There was slightly decreased strength in the left lower extremity. Straight leg raise was positive on the left for radicular pain at 45 but it is not fully described. Lumbar ESI has been recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Steroid Injection at left L4-L5.: 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 Epidural Steroid Injection Page(s): 79.

**Decision rationale:** The history and documentation do not objectively support the request for a lumbar ESI at level L4-5. The CA MTUS p. 46 state "criteria for the use of epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). There is no evidence of radiating pain that is consistent with radiculopathy at level L4-5 on PE and no EMG demonstrating radiculopathy has been reported. The MRI scan of the lumbar spine does not demonstrate nerve root compression at the level to be injected. It is not clear whether the claimant has exhausted all other reasonable treatment for her symptoms and it also is not clear whether she has been involved in an ongoing independent rehab program that is to be continued in conjunction with injection therapy. The medical necessity of this request for a transforaminal left L4-5 epidural steroid injection is not medically necessary.

**Fluoroscopy for ESI: 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 Epidural Steroid Injection Page(s): 79.

**Decision rationale:** The history and documentation do not objectively support the request for fluoroscopy. The CA MTUS p. 79 state "criteria for the use of epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and 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) for guidance." There is no evidence that an ESI is medically necessary and therefore, fluoroscopy for ESI guidance also is not medically necessary.