

<b>Case Number:</b>	CM14-0163690		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	06/14/2000
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Pain Management 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 patient is a 69 year old male with an injury date of 06/14/00. Based on the 09/19/14 progress report provided by [REDACTED] the patient complains of back pain radiating from the lower back to his right leg. The patient rates his pain as a 6/10 with medications and a 10/10 without medications. He has "ongoing severe radicular pain that has intermittently increased over the past two months." The patient has an antalgic slow gait. Upon inspection of the lumbar spine, there is loss of normal lordosis with straightening of the lumbar spine. Range of motion is restricted and on palpation, paravertebral muscles, tenderness and tight muscle band is noted on both of the sides. Lumbar facet loading is positive on both sides and tenderness is also noted over the sacroiliac spine. On sensory examination, light touch sensation is decreased over L4, L5-S1 dermatome significantly reduced on the right at level of lateral and medial calf and lateral foot, on the right side. The patient's diagnoses include the following: 1. Post lumbar laminectomy syndrome 2. Disc disorder lumbar 3. Lumbar radiculopathy 4. Low back [REDACTED] is requesting for right transforaminal lumbar epidural steroid injection L4-L5 and L5-S1. The utilization review determination being challenged is dated 09/29/14. Treatment reports were provided from 04/04/14- 09/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Transforaminal Lumbar Epidural Steroid Injection L4-L5 and L5-S1:** 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 ESI Page(s): 46-47.

**Decision rationale:** The patient presents with back pain radiating from the lower back to his right leg. The request is for a right transforaminal lumbar epidural steroid injection L4-L5 and L5-S1. The patient has previously had an ESI with "mild relief- per patient" according to the 08/22/14 report. There was no date provided as to when this prior ESI took place. In regards to epidural steroid injections, MTUS guidelines page 46-47 state that "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat injection, 50% reduction of pain lasting 6-8 weeks with functional improvement must be documented. In this case, the treater fails to provide any imaging studies and any electrodiagnostic testing to show a diagnosis of radiculopathy. Previous injection did not yield adequate pain and functional improvement to warrant a repeat injection. The requested Right Transforaminal Lumbar Epidural Steroid Injection L4-L5 and L5-S1 is not medically necessary.