

<b>Case Number:</b>	CM14-0164969		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 53 year old male with complaints of neck pain and low back pain. The date of injury is 9/25/13 and the mechanism of injury is fall injury slipping on stairs landing on knees which led to his current symptoms. At the time of request for Injection-Steroid Left Lumbar Transforaminal Epidural Steroid Injection at L3-4, Lumbar Spine, there is subjective (low back pain) and objective (restricted range of motion and pain lumbar spine, straight leg raise maneuver provokes radiating pain into anterior thigh left lower extremity, decrease left ankle dorsiflexion strength) findings, imaging findings (7/2/14 MRI lumbar spine shows disc displacement L3-4 with left neural foraminal stenosis/spondylosis, L4-5 evidence fusion with patent central canal, L5-S1 disc desiccation), diagnoses (lumbar radiculopathy, strain/sprain lumbar spine) and treatment to date (epidural steroids, surgery, medications, therapy). Epidural steroid injections are indicated if several criteria are met: 1. There needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. 2. Failure of conservative treatment 3. Epidural injection should be performed using fluoroscopy 3. A second epidural injection should not be done if the first block did not lead to significant reduction in pain 4. No more than 2 nerve root levels should be injected using transforaminal blocks 5. No more than one intra-laminar level should be injected at one session 6. Repeat therapeutic blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief as well as documented attempts of medication reduction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection-Steroid Left Lumbar Transforaminal Epidural Steroid Injection at L3-L4,  
Lumbar Spine: Upheld**

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

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

**Decision rationale:** Based on MTUS-Chronic Pain Medical Treatment Guidelines, Epidural steroid injections are indicated if several criteria are met: 1. There needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. 2. Failure of conservative treatment 3. Epidural injection should be performed using fluoroscopy 3. A second epidural injection should not be done if the first block did not lead to significant reduction in pain 4. No more than 2 nerve root levels should be injected using transforaminal blocks 5. No more than one intra-laminar level should be injected at one session 6. Repeat therapeutic blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief as well as documented attempts of medication reduction. This patient has clinical findings of L3 radiculopathy/radicular pain. The patient has had 4 epidural steroid injections over the past 8 months (one cervical epidural injection and 3 lumbar epidural steroid injections the last being on 9-29-14) There has been no documented successful analgesic response to previous epidural steroid injections at L3/4 with an MRI findings of left neural foraminal stenosis. There is a neurosurgical note stating failure of epidural steroids and he is a candidate for surgery at that level. Therefore, it is my opinion that the request for left L3-4 transforaminal epidural steroid injection under fluoroscopy is not appropriate nor medically necessary.