

<b>Case Number:</b>	CM14-0184605		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	04/30/1998
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Management and is licensed to practice in Tennessee. 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:

This is a 41 year old female with a 4/30/98 injury date. On 8/25/14, the patient complained of low back pain that was exaggerated while standing on uneven surfaces or standing up from a sitting position. Pain was at a 9/10 level most of the time. There was pain over the buttocks that radiated to the posterior and lateral aspects of the thighs bilaterally, with numbness and tingling progressively increasing in severity. Objective findings included weakness along with numbness and tingling in both legs, and positive Gaenslen's and Patrick Fabre's tests. A 7/10/10 lumbar MRI revealed a 2 mm disc protrusion at L2-3 with moderate bilateral neural foraminal narrowing, and a 5 mm disc protrusion at L3-4 with moderate to severe bilateral neural foraminal narrowing. Diagnostic impression: lumbar disc herniation, lumbar radiculitis. Treatment to date: medications, Terocin patches, home exercise program, trigger point injections. A UR decision on 10/1/14 denied the request for 1st right transforaminal lumbar epidural steroid injection (ESI) at L2-3 and L3-4 under fluoroscopic guidance because there was no clear documentation of the level of neurological impairment on exam, no recent imaging study provided, and no recent documentation of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1st right transforaminal LESI at L2-L3, L3-L4 under fluoroscopy guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, in this case there is no documentation of objective radiculopathy at specific spinal levels based upon the physical exam. There are no specific motor/sensory/reflex deficits to correlate with findings on the 2010 MRI. In addition, evidence of previous physical therapy for the lumbar condition is limited. Therefore, the request for 1st right transforaminal LESI at L2-L3 and L3-L4 under fluoroscopy guidance is not medically necessary.