

<b>Case Number:</b>	CM14-0094500		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/26/2005
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 and Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 47-year-old female who reported an injury on 10/26/2005. The mechanism of injury was not provided. On 09/06/2012, the injured worker presented with constant low back pain, numbness primarily affecting the 5th and 4th toes in the dorsal and plantar aspects, and pain in the bilateral hips. Upon examination of the lumbar spine, there was tenderness to palpation in the mid lumbar area. There was decreased pinprick perception in the lateral aspect of the left foot including the 2 last toes. There was graphesthesia and stereognosis intact over the right and left upper and lower extremities. An MRI of the lumbosacral spine performed on 07/16/2012 revealed a 3 mm posterior annular disc bulge at L4-5 and L5-S1 without evidence of neural foraminal encroachment. The diagnoses were chronic pain in the back and chronic S1 radiculopathy. The previous treatments included self directed back exercises, physical therapy, and medications. The provider recommended an L5-S1 left transforaminal epidural steroid injection with the use of fluoroscopy for guidance. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L5-S1 Transforaminal Epidural Steroid Injection with Fluoroscopic Guidance:**  
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 Injection Page(s): 46.

**Decision rationale:** The request for a left L5-S1 transforaminal epidural steroid injection with fluoroscopic guidance is not medically necessary. According to the California MTUS Guidelines, epidural steroid injections may be recommended to facilitate progress in a more active treatment program when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance and no more than 2 root levels should be injected using transforaminal blocks. The documentation submitted for review stated that the injured worker completed initially recommend conservative treatment but continued to complain of radiating pain. Upon examination of the lumbar spine, there was tenderness to palpation to the mid back, intact sensation, and normal strength. More information is needed to address the injured worker's response to a straight leg raise test. There was lack of documentation of physical examination findings and imaging and/or electrodiagnostic testing to corroborate radiculopathy. The documentation failed to show the injured worker would be participating in an active treatment program following the requested injection. There is a lack of an updated physical examination of the injured worker; the note provided was dated 09/06/2012. Based on all of the above, the request would not be medically necessary.