

<b>Case Number:</b>	CM14-0218332		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	07/19/2012
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 was a 49 year old female, who was injured on the job, July 19, 2012. The injury was sustained when the back of the chair broke off and injured worker fell. The injured worker sought medical attention on week after the incident. The MRI of March 2014 showed bulging disc at L4-5 and L5-S1. The injured worker suffers from pain in the left wrist, lower back and both legs. The injured worker was diagnosed with left carpal tunnel syndrome, low back pain. The injured worker underwent physical therapy which did not help. The injured worker used Naprosyn, gabapentin and flexor 1.3% patch and a TENS unit for pain. The injured workers pain level was 3 out of 10 with pain medication and 7 out of 10 without pain medication; 0 being no pain and 10 being the worse pain. According to the operative note of June 24, 2014, the injured worker was diagnosed with lumbar disc disease with radiculopathy. The injured worker was receiving an epidural injection to L4, L5, S1 levels with fluoroscopy guidance. The injured worker has had a transforaminal epidural steroid injection which decreased the pain by 40% in the past. The injured worker continued to work. On December 11, 2014 the UR denied authorization for a L4, L5 and S1 on the left side transforaminal lumbar epidural injection. The denial was based on the MTUS guidelines for epidural injection. The documentation did support significant objective functional improvement and decreased medication usage. However, the documentation was unclear if the injections were in the same levels as the injections being requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforminal lumbar epidural injection at L4, L5 and S1; left side:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The patient presents with pain in the left wrist, lower back and both legs. The current request is for transforminal lumbar epidural injection at L4, L5 and S1; left side. The treating physician states, Pt. c/o low back pain radiating down her left leg in the L4-5 and LS-S1 dermatomes. She has + PE findings, including decreased strength to her LLE and decreased light touch sensation in the L4, L5 S1 dermatome on the left side. Last TFESI in June 2014 provided 40-50% pain relief for about 5 months. It allowed her to continue working full time with minimal medications. [55 B] The MTUS guidelines state: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement of at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the treating physician has documented radiculopathy and there is positive MRI findings at L4/5 and L5/S1, the patient responded well to the prior lumbar ESI and returned to work showing functional improvement with minimal medication requirements. The current request is medically necessary and the recommendation is for authorization.